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Institutes of Medicine.

EXCURSIONS IN THE DOMAINS OF THE PHYSIOLOGICAL MEDICAL SCHOOL.

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SECOND PAPER.

Dr. Skoritchenko complains of the panic terror, fostered by prejudice, amongst the mob, a terror which leads to crime, as was the case in the town of Khvalynsk, Government of Saratoff, where in 1892 a doctor was torn to pieces in the open street. But is it not the same prejudice which strikes people, so to say, with blindness and prevents them from seeing that which is as clear as daylight? Twenty per cent. of mortality when the patient is left to nature! Fifty per cent of mortality when art is applied!! If you are unable to improve Mother Nature's work keep away with your art! I repeat the words of Dr. Skoritchenko: "The dictates of plain common sense seem to find no admission into cultivated minds." These words published more than a year ago have raised no responding echo; the battle against cholera is still fought with the same weapons, and the battlefield is strewn with victims. Dr. Skoritchenko has at least discovered amongst the weeds of cholera therapeutics one small plant which, at the worst, can do no harm; other searchers have found nothing in the barren waste, but entering a neighboring field they have gathered some fruits and here they are:

First. The *Vienna Medical Press* of the 6th of November relates as a curious and melancholy fact the treatment of cholera by Dr. Lambotte, a Belgian physician. After having made a cut of three centimetres in length through the epigastrium he placed in the wound a noose for the small intestine, introduced a gutta percha sound and rinsed the intestine with a solution of 1 to 3000 of sublimate; after that he poured coffee and tincture of pepper into the small intestine. The vomiting and diarrhea ceased, the temperature and the pulse rose, but, nevertheless, both patients who had been treated in this manner died.

Second. Dr. Myerovitch, of Ekaterinodar, Province of Kouban (*Wratch*, 1393, No. 12, page 330), finds that the accusation pronounced against Dr. Lambotte's proceeding as criminal is unfounded, and he describes in full detail three cases of cholera treated by him in the same manner before Dr. Lambotte had tried the experiment. Dr. Meyerovitch takes up the matter and so sifts it that one cannot help agreeing with him. He begins by saying that as a physician belonging to the staff of the town hospital he has had opportunity of trying all the remedies recommended for the treatment of cholera and that he has nevertheless been condemned to see his patients die like flies. The per centum of mortality was 65 and 70; he assures us that he has seen more harm than good from the celebrated entero-clysis with tannin; therefore, following the reigning opinion that the prime cause of cholera is to be sought in the migration of microbes which engender a peculiar poison, a cure can only be obtained by destroying the microbes as quickly as possible in their abode and neutralizing the poison; and as the remedies used to this day had not given any satisfactory results it seemed plausible to open the intestine, rinse it out and render it accessible to to the action of the drug. He tried the operation upon three patients; in two cases he used tannin and in one thyme oil, 4 grams to 50 grams of alcohol and 4000 grams water. One of the two first patients died of paralysis of the heart twenty-eight hours after the operation, the second died of pyaemia after twenty-two days and the third patient lived only twenty-two hours after the operation. Dr. Meyerovitch then asks the question: "Have I said too much or too little of the disinfecting fluid? I do not know it myself and who can tell me? I am very much inclined to suppose the paralysis of the heart of one of my patients came from intoxication with tannin." He adds that if the operation of laparo-enterotmy in cholera is to be considered criminal is it not also criminal to use poisons like *Calomel* and other drugs? Properly speaking we have no healing forces; we only dispose of forces which may become healing if applied in a certain direction; at the same time we are never shielded from occasional injuries which spring up when least expected, and it is the physician's prime duty to weigh carefully whether these uncalled for effects do not exceed the healing forces and whether it is safe to run the risk of taking these complications into the bargain. Considering the present high standing of surgery the above named operation, accomplished according to the rules of art, does not offer any particular danger, and if it is criminal to make this operation in case of cholera why is it not criminal to remove gall stones, to make a re-section of the liver, wash out the abdominal cavity, and so on?"

Could the bitterest enemy of the reigning medical school have painted a more dismal picture of the hopelessness of modern therapeutics? And yet it is nothing but a voice raised from their own camp which speaks the simple truth.

Having opened the chapter of "Confessions" I will keep to the same subject. In the *Therapeutischen Monatsheften*" for October, 1892, Dr. Schede declared in the assembly of the Society of Hamburg physicians:

First. That all the remedies used against cholera have proved more or less without effect and are very precarious. The entero-clysis of Cantani has not given the hoped for results.

Second. Subcutaneous injections of salt are not to be relied upon.

Third. Intravenal injections called for instant animation but, unfortunately, it was not progressive so that one had to try

Fourth. Intra-arteral injections. Out of sixteen bad cases treated in this manner four were cured. Dr. Schede does not take upon himself to decide which injections are preferable; in any case he has saved twenty-five per cent. of the bad cases.

Fifth. Dr. Lauenstein reports in the same session that he has tried both soothing and exciting remedies, subcutaneous and intravenal salt injections, hot baths and inwrappings, subcutaneous injections with *Sulphuric acid*, entero-clysis of Cantani; these and small doses of *Calomel* were the only remedies which gave relief.

Sixth. Another member of the same society, Dr. Fraenkel, warns the assembly against *Calomel;* he founds his opinion upon autopsy and says that in his post-mortem examinations he has found diphtheria of the large intestine after *Calomel;* he says that it must be prescribed with the greatest precaution as the kidneys are also strongly involved in the disease; for the same reason *Salol* is to be feared.

Seventh. Dr. Eisenlohr inclines in favor of salt injections, although he recommends great precaution and recalls the fact which has been already proved by Griesinger, that in the stadium algidum the expectative method of treatment gives only twenty per cent. of mortality. He says that in the stadium algidum the entero-clysis has no effect, *Calomel* is good in the beginning, *Opium* positively injurious. Hot inwrappings have not given the expected result; hot baths are good in the typhoid form.

Eighth. Dr. Simmonds founds his opinion upon autopsy and says that salt injections are far from being harmless; he has found sub-pleural abscesses in the lungs, kidneys and heart, which he attributes to salt injections.

Ninth. Dr. Rathgen speaks in favor of *Calomel.*

Tenth. In the *Deutschen Medicin Wochenschrift* of September 8th, 1892, Dr. Fraenkel speaks in the following terms of the cholera therapeutics: "None of the brilliant expectations raised in favor of (salt) sub-cutaneous water injections and Cantani's entero-clysis have been fulfilled. We are very far from possessing the ardently coveted specific remedy against cholera." I will add my own personal opinion and say that this specific remedy will never be caught hold of, for it is impossible to hunt game which does not exist. No remedy will ever cure the name of a disease; a remedy can only act upon the bearer of a morbid process.

Eleventh. The *British Medical Journal*, September 7th, 1892, communicates the news, given by its reporter in Hamburg, that the expective method of treatment is the order of the day, as all the known remedies have proved unsatisfactory.

Twelfth. In the same number of the same journal, Drs. "L. R.," "S. P." and "S. E." communicate that after an experience of thirty years and an acquaintance with twenty cholera epidemics, they have come to the conviction that all drugs give very little relief in the treatment of cholera.

Thirteenth. In the number for September, 1892, at the *Therapeutische Monatshefte*, it is said that Dr. Rieder, of Hamburg, has spoken in the following terms about the therapeutics of cholera: "Enteroclysis whether of *Tannin*, *Salol*, *Camphor* or *Ether*, have had no beneficial effects; sub-cutaneous, but, let it be said, very painful injections of salt act only in exceptional cases; if the momentary revival after the injection is lasting, a favorable issue may be hoped for, if not, the end is fatal.

Fourteenth. The *Indian Medicine Gazette*, of October, 1892, communicates that in the cholera hospital of Trinager Kashmere one group of cholera patients was treated with *Opium*, astringent and exciting remedies, the second with *Salol*, and the third with the celebrated secret remedy of Dr. Lorbeer. The first group gave 50 per cent. of mortality, the second 56 per cent. and the third 80 per cent. Excepting in these, thirteen different curative remedies have been applied with the same per cent. of mortality. It seems that now and then a remedy acts beneficially in isolated cases, but as soon as it is applied to the bulk of patients it gives the usual 50 per cent. of mortality. This is so far right, for if a drug has acted beneficially once, is it absolutely necessary that the conditions should be the same in in other cases in order that it should act in all. Every patient represents a separate unity, which is similar to but not identical with others, and that is what you will not admit, gentlemen.

Sixteenth. Dr. Voyoutzky, of Valinky, government of Voronej (*Wratch*, 1893, No. 17, page 494), says, in surveying the cholera epidemic of 1892, that the therapeutics were most varied, an immense number of different remedies were recommended and the results gained remained dubious, if not negative. At the end of the epidemic the mortality decreased considerably without bearing any reference to the therapeutics, whilst in the beginning nearly all the cases had a fatal end.

Seventeen. Dr. Levashoff, of Kavan, gives the following opinion about the therapeutics of cholera in the October number of the journal: "Progress of Nursing: In bad cases we are now just as powerless as we were in former times. Middling and even large doses of disinfecting remedies have given us evident results and the per cent. of mortality has remained pretty high—namely, 51 per cent."

Eighteenth. Dr. Rumpf, Hamburg (*Deutsche Mediscinische Wocenshrift*, page 877), expresses the following opinion about the remedies used at present in the treatment of cholera: "*Salol* has proved quite useless and the same may be said of *Creolin.* We have not observed a single case which might be called a typical cure, neither can any good results be reported about *Kreosote*, salt.

Lactic Acid or the remedy of Professor Huppe. As to the preparations of *Kreosote* and *Chlorine Water*, they are more dangerous than beneficial. Cantani's entero-clyses of *Tannin* have been put aside as useless. If, in the generality of cases, it is difficult to make the liquid reach higher than the ilio-coeval valve, in the cholera this is quite unattainable. After all these failures we must come to the conclusion that the disinfection of the intestines in cholera is useless, if not positively injurious. Subcutaneous injections of *Salol* and *Ether* with the aim of neutralizing the poison and killing the microbes have proved to be nothing but a misty theory. The subcutaneous injections of *Morphine* have nothing to boast of. The results of the treatment with *Calomel* are better if compared to other methods, but only in the simple cholera diarrhea and in the first stadium of cholera. We have also seen pretty good results from hot baths, hot tea, coffee, wine, champagne, injections of *Camphor oil; Cocaine*, when the vomiting is constant; small subcutaneous doses of *Opium* have given relief during cramps of the extremities and pains in the epigastrium, but the treatment with *Opium* has its dark sides. Although the speedy secretion of urine has to be attributed to the treatment with *Calomel*, we cannot pass over the fact that typical intoxications of the large intestine sometimes takes place. It would take too much time to enumerate all the remedies tried in the stadium algidum; they have all proved useless and we have renounced them, except injections of *Camphor* and *Morphine*. The subcutaneous injections of physiological salt solutions stand lower than the intra-venal, which were preferred, though the remarkably favorable results are not lasting. In isolated cases as much as four to six litres have been injected with positively good results."

The report is concluded with the words: "To this day there exist no special therapeutics for treatment of cholera, so that the centre of gravity still remains, depending from the view-point of general therapeutics." (See the Confessions of Dubner, under the heading of "Water-Cure, No. 3.)

My third paper will treat of "Warnings" against the remedies and dosages of the Physiological Medical School in accordance with the further consideration of the subject by the writers with whom I am dealing.

Gynecology.

VAGINAL HYSTERECTOMY FOR THE CURE OF PROCIDENTIA.

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The accompanying illustration (Fig. 1), reduced one-half, portrays accurately the pathological specimen removed from a patient for the cure of the distressing symptoms incident to procidentia uteri caused by supra-vaginal elongation of the cervix.

The patient, aet. 45, passed the menopause two years ago. For several years she has been suffering from complete prolapsus of the womb, accompanied by an immense cystocele and rectocele. She had, in her confinement, sustained an extensive laceration of the cervix uteri and perineum. Two years ago, two prominent old-school surgeons essayed to correct the conditions by a repair of the perineum. The procedure proved an utter failure, no union whatever following their effort. After this, the patient came into my hands. After a careful examination and consideration of the case, I believed that by an operation upon the uterus, to bring about involution, and an extensive plastic repair of the vagina and perineum, I could accomplish the desired results. The infra-vaginal portion of the neck, badly lacerated, was about one inch and a quarter in length. After dilating and curetting the womb I amputated the cervix close up to the vaginal junction, removing at least one inch of it, and then removed all slack tissue in the anterior vaginal wall. The posterior wall was treated in a like manner and the perineum repaired, so as to make a thick and strong support. The vagina was closed up so snugly that the index finger entered with some difficulty. The patient got up nicely and the condition seemed to be perfectly and permanently corrected. She returned home, many miles away, and I heard no more of her for two years, when she came back to me with much the same condition of prolapsus. Though the perineum was still full and strong, the elongated cervix and a reproduced cystocele protruded far into the world. I advised a hysterectomy, to which she readily consented. Accordingly she was placed in the Sisters' Infirmary and prepared for a thoroughly aseptic operation.

After dilating and packing the uterine canal, to give firmness and rigidity to the uterine structures, the organ was drawn well down with a guy rope, that had been previously applied, while with a pair of sharp scissors the cervix was entirely girdled with an incision that extended through the mucous membrane and vaginal muscular tissue down to the uterine structures. Then with the scissors the tissue was rapidly separated from the cervix and the posterior cul de sac opened up. A large aseptic sponge with cord attached, was pushed well up in the pelvic cavity behind the uterus. Then, passing the index finger of the left hand up behind the broad ligament as a guide, with a curved needle armed with a medium-sized cat-gut (cat-gut ligatures were used throughout and cut short) the base of either ligament was ligated so as to include the uterine artery. The enucleation of the uterus was then continued by rapidly dividing the connective tissue with the scissors, *a la* Pratt, securing with small ligatures an occasional spurting vessel, until the upper portion of the broad ligament, that included the ovarian artery, was reached; the peritoneum was then opened up in front and the body of the womb caught with a hook and tilted forward, while with a strongly curved needle the tissue containing the ovarian arteries was ligated. The ligaments were then severed, the appendages drawn down and clipped away with the scissors and the whole delivered, as depicted in the cut. The stump of the broad ligament was brought down into the angle of the vaginal wound on either side, and secured with a stitch. The sponge that had previously been thrust into the pelvic cavity was now removed and the rent in the peritoneum carefully closed with interrupted sutures, cut short. After which the anterior and posterior cut edges of the vaginal mucous membrane were brought together and stitched, perfectly cleaning up the vaginal

wound. The vagina was then douched, dried, dusted with iodoform, and packed with aseptic gauze.

The operation lasted about twenty minutes and was not attended with perceptible shock. The packing was removed on the sixth day when the wound was found healed, the stitches absorbed and the patient practically well; she sat up on the eighth, and was about the room on the tenth day.

The body of the womb measured 1¼, and the neck (supra vaginal) 2¾ inches, one inch having been previously amputated, making it originally 3¾ inches. The ovaries were atrophied and the tubes greatly elongated, measuring 1½ inches.

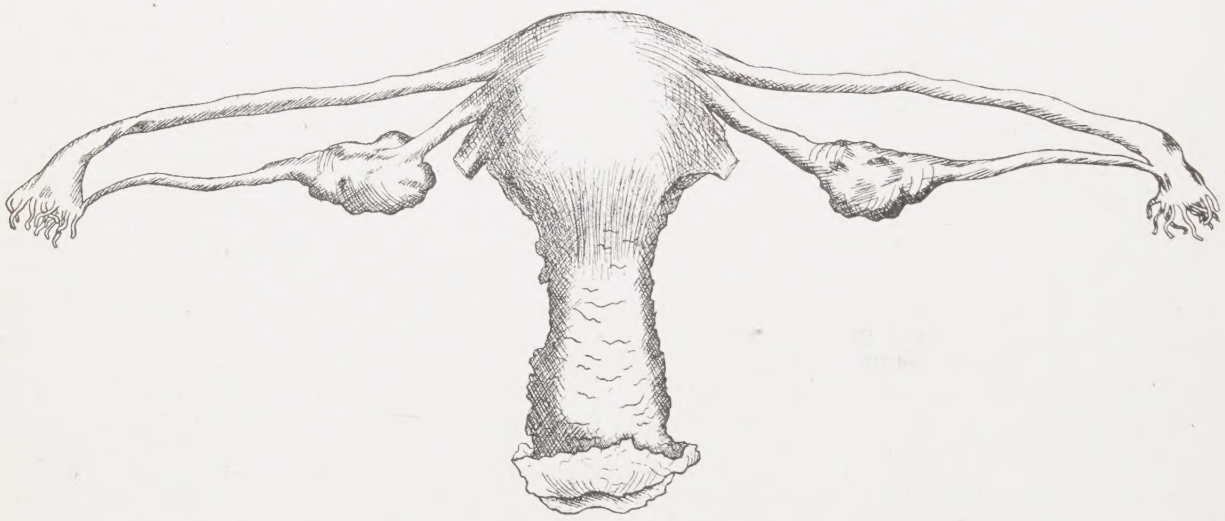
I have repeatedly removed the uterus during the last few years, and I have operated by all the usual methods, but I consider the modified technique, as given herein, superior to all others. Though my first operations were done with the clamp, I consider it, for one who operates dexterously, an unsurgical procedure; and it seems to me that the necrotic tissue resulting from the crushing power of the instruments increases the liability to septic infection; besides, the irritation produced by their presence in the vagina for forty-eight hours is a matter of no small consideration to the patient. The method by ligation, when silk is used and left dangling in the vagina, also has its objection; septic matter may be carried along the strings and consequent systemic infection follow; besides, the removal of the ligatures, two or three weeks later, is often a tedious task for the surgeon and a painful ordeal to the patient. I have, on two occasions, removed silk ligatures that were deeply buried in the vaginal scar, from patients of other surgeons, months after the operation.

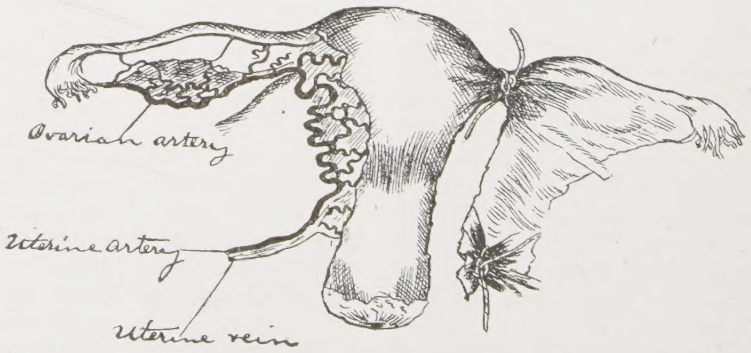
When cat-gut is used (if properly treated it is as aseptic as any other form of ligature), and cut short, the sepsis from ligature infection through capilliary attraction and the pain incident to their removal is avoided.

The drawing down of the stumps of the broad ligaments is a matter of considerable moment; the cut surfaces are turned out of the pelvic cavity and the dangers of infection are lessened; internal bleeding cannot occur, an additional support is secured to the pelvic viscera and greater depth is given to the vagina.

Closing up the peritoneal and vaginal rents simplifies recovery and results. The wound unites by first intention, a long process of suppuration does not follow, the dangers of sepsis are minimized and the tardy healing by granulation and its consequent cicatrization and contraction are obviated.

The new methed of Pratt's cannot be too highly commended in a certain class of cases; but even when it is adopted I am much in favor of ligating the uterine and ovarian arteries with cat-gut, cut short. The extra time occupied in doing it is of no consequence, for even then the operation can be done in from twenty or thirty minutes; and since these vessels form the main channel of the circulation, when they are ligated all possibilities of hemorrhage are precluded, as may be seen from a study of Fig. 2. I must insist, though many operations are reported without serious hemorrhage, that it is only a question of time when some one will bleed to death. Every surgeon knows the possibiltty of a hemorrhagic diathesis and the certainty of the occasional case that, probably through "pure cussedness," goes wrong. The idea of a serious scar contraction following ligation of tissue by a small cat-gut ligature, that is absorbed in four or five days, is a question of no moment whatever; you get scar tissue in the healing, any way. The injury done by the cat-gut





could not possibly equal that resulting from the bruising produced by the spud that is used in the tearing process of severing the ligaments. In the removal of the uterus for almost all other causes, than cancer, Pratt's method, with the above modifications, is superior. Cut No. 3 is a scissors that

I have devised for its execution ; with it, by hugging the muscular structures of the uterus closely, the organ can be rapidly and safely cut away from its attachments. Viewing the operation from the standpoint of mortality, I cannot say that it is superior to other methods; it is yet upon trial. Pean, who uses the clamp, reports sixty cases without a death ; Jacobs, of Brussels, one hundred and twenty-five with two deaths (and those were not attributable to the operation); many of our American surgeons have achieved great success with both the ligature and the clamp. Lee, of Rochester, reported to the World's Congress forty-two cases of clamp operation with but two deaths. I have, during the past few years, operated repeatedly, by different methods, without a death.

I will state here, as an historical fact, that I did the first *reported* vaginal hysterectomy that was done south of Mason and Dixon's line and the first successful ovariotomy in the State of Arkansas, and the first laparotomy for pelvic abscess on the American continent.

For cancer of the uterus I do not think the new method is an ideal one. Since it is impossible to judge of the extent of cancerous invasion it becomes a cardinal principle in operating for such diseases to cut liberally, keeping well in the zone of healthy tissue. This cannot be done when enucleation is practiced. The operator hugs closely the muscular structure of the womb; in fact, much of the tearing or teasing process with the spud or hook knife in separating or stripping up the tissue, is done in the uterine tissue proper. Once I saw the uterine cavity opened up ; at another time the cervix was almost torn in two. This kind of work will not insure the greatest immunity from a return of the disease in cancerous cases ; here removal by ligation, with the animal ligature, offers advantages superior to all other methods. The first ligatures, those that include the uterine arteries, should be taken from half to a third of an inch, internally, away from the womb, so that in severing the connection no uterine fiber will be included ; this will carry the incision well up, and if the disease is confined to the cervix the operator may then place his ligatures nearer to the body of the organ; but throughout he should steer clear of the uterine structures.

It is astonishing with what facility the uterus and its appendages can be removed through the vagina. In the most exacting cases the time of doing the operation need not exceed one hour, and upon favorable cases it may be done in ten minutes. The shock is usually but slight, and the recovery uneventful, the temperature seldom exceeding 100 ; the manner of operating seems to make but little difference.

There is no doubt but that in the near future many operations wherein it is now deemed necessary to open the abdomen will be by the vaginal route. Many advanced workers are now treating numerous pelvic diseases by this method, with a success superior to any other.

Surgery.

NEEDLES IN THE BODY.

By MILTON J. BLIEM, M.D., San Antonio, Texas.
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A familiar old ditty runs as follows:

"Needles and pins, needles and pins,
When a man marries his trouble begins."

Trifles indeed, but big enough to wreck married felicity or ruin bodily health. One of the vivid recollections of my childhood is of a pin sticking in my throat, the frantic efforts of my mother to extract it only resulting in its complete disappearance; the hurried arrival of the doctor who gravely ordered me to lie flat on my back for some days. For aught I know that pin is still part of my personal property.

The subject of foreign bodies in surgery is interesting enough and important enough to have occasioned a classical work by Poulet. Of all such bodies the most common, and usually the most trifling, is the needle. And yet it is sometimes very puzzling to know, when called to a fresh accident, just what course to pursue. A recent experience led me to reflect a little upon this. I was summoned to see a little girl who had accidentally run an ordinary cambric needle into the outer surface of the thigh. The needle was a threaded one, and the mother, valiantly tugging at one end of the thread, succeeded in pulling out the thread but not the needle. Soon the needle disappeared from sight. In great alarm the mother sent at once for me. There was a slight mark where the needle had entered and a pricking pain on motion or pressure, but it had slipped deeply enough into the subcutaneous tissues to make it uncertain just where it lay. The child was timid and fearful of pain, and under the circumstances I decided to let it alone, assuring the mother that after a few days it would cease to trouble her or might come to the surface and could then be easily removed. Some days later the father called to pay his bill and said if he had been there he would have had me cut down and remove it. I could see that he felt I had made a mistake. So the other day I called to see how our little girl was accommodating herself to her new acquisition and found that it had passed out of sight and out of mind.

Any one who has tried to remove a broken needle that has disappeared from the surface may have been forcibly reminded of that analagous task of "hunting for a needle in a haystack," and is loth to try it again. I shall never forget the courage and assurance with which I tackled my first needle in the foot, and the confusion with which I retreated from the field leaving the nee-

dle master of the situation. It was a vivacious young schoolma'am who stepped on a needle, running it into the sole of the foot and breaking it off. She could not lay up with a sore foot. She must be on her feet, the needle must come out instanter! So I took my friend, Dr. Thome, along with me (he'll remember it) to give the chloroform—just a little, you know—it would only take a few minutes, for could I not plainly feel the point under the skin? I think that was the most sensitive foot I ever saw, for no sooner did I touch it to begin operations than up would fly leg, foot and needle. I finally made a dash, but alas! needle wasn't there; oh, yes, it was just a little farther aside; surely I could feel it. So another cut, another struggle and another search. Nothing but chasing the rainbow was ever so elusive as that needle. The minutes rolled on into an hour and we just gave it up, that's all, and I guess the needle is there yet. But my patient did have a sore foot, not from the needle, understand, and had to stay at home nursing it for several weeks. Of course, as dear old Dr. Danforth used to say of an incident in Dr. Charles Adams' career, that was when I was veal yet; still I would consider it an idle chase to-day.

In such cases, as in all foreign bodies, Poulet states that we must admit, as a principle, that it is better to rid the organism of foreign bodies which have entered from without than to abandon them to their own resources. That is so sensible that it at once suggests itself very forcibly to the lay mind. But, as he further states, there are two contradictions to this principle: 1st. Wherever the surgical interference necessary to relieve the organism of a foreign body exposes it to greater risks than the symptoms which are present, or which may occur, we must abstain from it. 2d. Interference must not be resorted to when the situation of the foreign body is not accurately known. In the case of needles it seems to me as a very general thing both of these counter indications hold sway, and it is best to let them alone. They migrate extensively without doing any harm and finally emerge at some distant point; or they become encapsuled and are nevermore heard from. Consequently the cutting and lacerating of the tissues is more harmful than the mere presence of the needle. Then again, as illustrated by the above case, their exact location is very uncertain and deceptive. A possible exception to this general rule is the fingers. A broken needle in the finger can be more readily isolated, and as it occasions such severe pain and impairs the usefulness of the member it is usually best to make rather patient search for the fragment and remove it. This is generally facilitated by slipping a rubber band around the base of the finger, giving a a clear and bloodless field to work in. However, caution must be used not to mutilate important tissues. I came across an unfortunate case of this kind recently in which a physician had made an incision to remove a broken needle from the index finger of the left hand. When the wound had healed the lady found her finger crippled by inability to flex it. On examining the scar I found that he had thoughtlessly or ignorantly made a transverse incision at the carpal extremity of the finger, right in the web, and had undoubtedly severed the flexer tendons.

When needles enter the system by swallowing, the expectant treatment is the only course we can pursue. The wanderings of such needles are curious and really wonderful. They may pierce the œsophagus and come out at the neck or axilla; or they may pierce the stomach or intestines and come to the surface on the abdomen. A case is on record where in an autopsy a needle was found embedded in the wall of the heart. A very curious case of migratory needle came under my own observation, and if any one can beat my "snake (needle) story" let him advance it! While I was serving as interne in Cook County Hospital a young man, aged 24, was admitted to the surgical service of the late Dr. Frank Newman. He complained of a painful swelling over the deltoid region of the left arm. He gave a history of having suffered a fracture of the left humerus, upper third, about two years previous. Since then he had felt the pain and the swelling had gradually appeared. Latterly the pain was of a sharp, pricking character at the lower end of the ridge-like swelling. Of course the diagnosis was clear. We had here a splinter of bone severed at the time of the fracture which had finally worked its way to the surface. Indeed the sharp point of the splinter could plainly be felt under the tissues. The remedy was simple—incise the end of the swelling and pull out the splinter. So our patient was anesthetized, the arm prepared, the incision made, the forceps introduced, applied and withdrawn with——a rusty old darning needle four inches long in its jaws! A more surprised crowd you never saw than those dazed and deluded doctors. The patient was speedily aroused and informed of the "find." We had hard work to convince him of the truth of our assertions. He knew absolutely nothing about the needle, how, or when, or where it entered his body. We wrote to his family who replied that none of them had any knowledge of the needle or of his having ever swallowed one or pierced his skin with one when a child. The mystery was never solved. We can only conjecture that it must have entered through the skin when he was a child and that no one was aware of the fact and he was too young to remember the occurrence.

Materia Medica.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M.D., New York,
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Apis.—Thirstless. Swelling under eyes.
—Kraft.

Arsenic.—Wants to drink little and often. Swelling in extremities, mostly lower.

Apocynum can. has unquenchable thirst and bloating on the side on which he lies.

Whortleberry leaves in the form of an infusion are recommended in diabetes mellitus.

Extract of thyroid gland is said to be completely and surprisingly successful in the treatment of psoriasis.

Kali nitricum—Diarrhea from eating veal. Thin, watery stools containing membranous shreds mixed with blood, with tenesmus.

Solanum nig.—Colic, with burning pains relieved by bending forward and by pressure, but, unlike *Colocynth*, the pains extend upward toward the heart and left shoulder.

Vipera torva 30 cured a case of varicose veins in the popliteal space, with a sensation as though the leg would burst and a nervous, fidgety condition of the feet in which they were kept in constant motion.—*Advance.*

Eupatoreum purpurum is indicated in cystitis by scanty urine, extremely painful tenesmus, dull, pain deep in the bladder and in the kidneys. If gravel be present in the urine then the remedy is more strongly indicated.

Koch's lymph produces acute parenchymatous nephritis and has been found curative in that trouble. Dr. Mark Jousset cured a case where there was one grain of albumen per litre in the urine, with this remedy, the albumen disappearing in a few days.—*Advance.*

A bad case of coughing may call for one of the following remedies:

Ledum, bad taste in the mouth from expectoration.

Borax, taste of cellar mould.

Sepia, rotten egg taste.

Phosphorus, sweetish taste. P. JOUSSET, M.D.

Arnica is often rapidly curative in intercostal rheumatism, though *Ranunculus bulbosus* is perhaps more often used. Both drugs have a feeling of soreness as if the parts were pounded, and aggravation from change of weather. The stitching is more characteristic of *Ranunculus*, and also a sore spot in the chest.

Permanganate of Potash is reported to be an infallible antidote to morphine, decomposing it in a short time. This fact was discovered by Dr. William Moon, of the West Side German Clinic. The doctor recently, in the presence of twelve members of the Clinic, took three grains of morphine, following it with four grains of *Permanganate of Potash*, with no ill effects whatever.

Cologne water has been discovered by a French physician to be almost specific against colds. A small quantity is put on a handkerchief and inhaled through the nose for incipient nasal colds, and through the mouth for commencing colds on the chest. It must be inhaled until a sharp burning sensation is felt. If this proves true the business of the various original Johann Maria Farina and trade in general will look up on the Julichs Platz.

Dr. Zopfi a Swiss Homeopathist, in a volume entitled "Sixty Years' Experience in the Healing Art," recommends *Kali hydroid* and *Cannabis sativa* in phthisis, giving them first place in the treatment of that disease. The following are some indications for each:

Kali hydroid.—Phthisis pituitosa, with purulent sputum, exhausting night sweats and loose stools; stitches through sternum to back, or deep in the chest; suffocative cough, dry at first, later with copious green sputum; laryngeal obstruction, sunken epigastrium, emaciation and loss of appetite.

Cannabis sat.—Tough mucus in trachea in morning, cannot be dislodged by coughing and hawking, and this makes the trachea feel raw and sore, finally the mucus loosens of itself and must be hawked up frequently. Cough, with green, viscid expectoration, oppression of breathing with chest soreness, mucous rales, great agitation, hacking cough from pit of throat; a cool, salty fluid deep in the throat posteriorly.

Practice of Medicine.

MEDICAL CENTURY CLINIC.

The readers of the MEDICAL CENTURY are especially invited to contribute freely of their practical experiences and helpful suggestions for this department of the journal. Materia medica mites, practice pointers, surgical splinters, gynecological gems, etc., short, sharp and to the point, are desired in abundance. "Brevity" is the shibboleth.—ED. MEDICAL CENTURY.

Diarrhea.—Anacardium Miss W., aet. 12 years, blonde, sandy hair. Convalescing from remittent fever. Watery, yellow diarrhea, morning and night. *Rhus* seemed to be the remedy but failed in various potencies. *Anacardium* 2x, cured promptly.

Diarrhea.—Thuja. Mr. D. D., aet. about 20 years, convalescent from malarial fever, had yellow, watery (gushing) shooting diarrhea, followed by flatus. Almost constant desire for stool. Pain before, during and after stool. Stool from one-half to an hour after eating. *Thuja 2x* cured promptly.

Eczematous Ulcer.—Graphites. L. N., saloon keeper, good liver, weight about two hundred pounds, complexion fair, brown hair, gray eyes, corpulent. Old ulcer on right leg size of palm of hand, exuding light yellow, sticky serum. Pimples occurring occasionally anywhere from one to six inches from ulcer and filled with white pus (looked like a chicken-pox). Itched locally very much. Constipated. No venereal history. *Graphites* 6x cured, and after two years he remains so.

Eczema.—Psorinum. A fat yearling boy had a very itching eczema about face. *Calcarea carb.* seemed the remedy, but was not; *Graphites*, like the first remedy, was used in various potencies with no success. Itching intolerable, etc. *Psorinum* 200x relieved itching as if by magic, and cured.

Warsaw, Ill. J. W. PARKER, M.D.

Reflexes.—In little boys where symptoms arise closely resembling those which indicate chronic irritation, inflammation, and presence of symptoms of worms, or, in turn, a brain irritation or other organs secondary to the primary irritation, in cases that have symptoms of *Cina*, *Marum verum*, etc.. but that will not yield, in these cases, upon closer examination there will be found an adherent prepuce, and circumcision is the remedy. Don't forget the reflexes.

Piqua, Ohio. J. C. FAHNSTOCK, M.D.

Femoral Spasm—Passiflora.—In November, 1892, a lad of thirteen years jumped from a height and says he heard something snap in his groin. Could not walk for some time. On the next day, sixteen hours after, I found him in tetanic spasm, leg flexed on thigh and thigh on abdomen so closely that knee was close to chin. In varying spaces of time the spasm would cease and he would be able to nearly straighten the limb. But

the spasms were becoming more frequent and lasting longer and the pain was becoming more and more intense during them. Upon laying the bed clothing back I saw one of these spasms coming on. I immediately gave half a drachm of *Passiflora* and then observed the conclusion of the contraction. He said the pain was less severe than in the last one and that it did not last as long. I saw him several times that day, continuing the remedy in half drachm doses every half hour to hour, as necessary. The next day he had slight spasms of the leg, but he said the remedy would stop the pain at the time of taking it, and the spasms grew steadily milder and shorter and further apart under it. I left him for a day to go to the Southern Association meeting at Hot Springs, and upon my return found he had had no more attacks. But the leg was sore and the patient refused to get up for a week or ten days for fear of a return of the terrible agony he had suffered. He got no medicine at all but the *Passiflora*. E. D. Ayres, M.D.

Little Rock, Ark.

Diet of Safety Pins.—I recently had a case under my care in which a child three and a-half years old swallowed an open safety pin without the slightest ill effect resulting. I advised that nothing medical or surgical be resorted to unless symptoms set in calling for action. The pin passed from the bowel on the second day after the accident and during its journey through the alimentary canal caused no symptoms of distress whatever.

Howard Crutcher, M.D.

Chicago, Columbus Memorial Building.

Morning Sickness—Bryonia.—Mrs. ——, blonde, thirty years of age, fleshy, non-resistent, mother of three children, pregnant two and a-half months, suffered unusually distressingly from "morning sickness" lasting all day. Could hardly rise from bed, look after her domestic duties, turn in bed, or eat anything whatever. The nausea was constant, asleep or awake. Frothy foam rising all the time, constipated, anxious lest abortion be brought on by the distress and heaving and retching she had constantly to go through with. I tried *Pulsatilla*, *Ferrum phos.*, *Ipecacuanha*, *Cocculus*, and other remedies without relief. Finally, noticing that every time she moved she would turn deathly sick, and taking into consideration the constipation, I gave *Bryonia* in the sixth decimal trituration. The effect was almost magical. I tried different potencies of it, and different preparations of the remedy, and always the effect was beneficial. Finally, by keeping her on the sixth for three or four days in succession the nausea, from which she had previously suffered all the way through pregnancy, disappeared and there has been no return to this time, three months later. C. E. Fisher, M.D.

4018 Drexel Boulevard, Chicago.

La Grippe.—La grippe is with us in Northern Vermont, but in mild form. *Eupatorium purpur.* controls the bone pains, *Gelsemium* the fever, *Strychnia sulph.* the prostration. *Lycopodium* I consider a very important remedy in the treatment of this disease and when the indications point to it it never fails me. Pneumonia is a disease we dread in this climate. My treatment of the first stage differs a little from any I have seen in the journals. I take two parts of *Aconitum* tincture, one part of *Veratrum viride* tincture, and put twelve drops in half a glass of water, giving of this one teaspoonful every half hour until free perspiration is induced, then once an hour till all congestion is overcome. I follow this with *Bryonia*, *Tartar emet.*, or *Hepar sulph.*, as indicated. I know this treatment will not be considered quite in accord with the teachings of the master, but I know it does the work for me and I know those who feel like trying it will be satisfied with results. Clinical facts gathered at the bedside are stubborn things to set aside. E. E. Whitaker, M.D.

Newport, Vt.

The foregoing clinical item is admitted to the columns of the Century for the purpose of drawing out the views of other members of the profession and their treatments of pheumonia. This journal does not approve of the mixture of drugs in the sick room, but it does not feel that it has a right to discard a clinical fact that may be the means of eliciting others.

Is this La Grippe?—Suppose when well you have a good appetite invariably, but some fine morning when going to breakfast do not feel quite as well as usual; suppose you take your coupe and are driven your rounds and at one place are compelled to adjourn the professional visit rather precipitately and retire to a disgusting emesis, yourself the victim; suppose you are compelled to cut your office hours a little short and go home and to bed; bilious vomiting follows; for a couple of days you are thirsty but have no appetite, and are satiated by a bunch of grapes each day. You are up and down by turns, till, finally, on the third day, you are turned down completely and don't feel like getting up at all. The thermometer then registers 102.5, pulse 82, there is cough, expectoration, slight heaviness of chest, not amounting to difficulty of breathing and no pain; thirst but no appetite. The "other quack" is sent for, listens and says there are crepitant rales in two places and that you have catarrhal pneumonia. The fever rises no higher but gets lower, 101.5, for two or three days, when it has become intermittent. You have colic and lumbago, which go off and come on for two or three days, from lemonade first, then from oranges, then from vinegar and then from oysters. That constitutes all the suffering, and that is enough, yet you are in bed three weeks and when you recover from the cough and fever and all the symptoms of the disease you are two weeks more before being able to get around rightly to do your work. If you had been sick like this recently, as I have been, would you call it la grippe? E. D. Ayres, M.D.

Little Rock, Ark.

A Case of Diabetes.—Ipecacuanha. February 28, 1893, called in to see the Hon. Mrs. H., aged 75, who had been unwell for some time; had lost flesh considerably and was very prostrate, with no appetite and little thirst. This lady had a few years ago been operated on for cataract. I asked to have some urine sent for analysis, and in the meantime used *Arsenicum.*

March 1st. Better, less prostration, more appetite; continued *Arsenicum.* 3rd. Analysis of urine showed large amount of sugar, sp. gr. 1.030; complained of swelling of ankles, feet and legs waxy white with edema of ankles. This latter symptom with diabetic urine induced me

to prescribe *Argentum metalicum*, which I gave in the sixth trituration. 6th. Better, sp. gr. of urine 1.022. Continued *Argentum*. I continued the *Argentum* in higher potencies with varying improvement, specific gravity going up and down from 1.030 to 1.018 until May 30, when it again rose to 1.022, with plenty of sugar. She had now a slight bronchial attack with troublesome cough, for which *Ipecacuanha* was indicated. *Ipecacuanha* 6th was given, which relieved the cough, and the specific gravity of urine fell to 1.018. The cough being better, I returned to *Argentum*, giving the 30th, with the result that the specific gravity of water rose to 1.030. I then returned to the *Ipecacuanha* and the specific gravity again fell, this time to 1.016. *Ipecacuanha* has been found to exert some peculiar action on the liver, and although no symptoms of diabetic urine have been recorded in the "proving" of the drug, it appears to have a marked action in diabetes in doses of the 6th, 12th and 30th. I now gave *Ipecacuanha* 200 with advantage for a week or two, when the specific gravity again began to rise (probably this was medicinal operation), so I discontinued the *Ipecacuanha* and gave *Arsenicum*, gradually rising to the 30th potency, until July 27th, when the specific gravity was 1.005, but, strange to say, still showed reaction of sugar; but as the *Arsenicum* seemed to be the medicine best indicated I persevered with it in spite of the lower specific gravity until the end of September, when the specific gravity rose to 1.012 without a trace of sugar, by the most delicate test I know of, namely, that recommended by Dr. Clifford Mitchell. This case remains well up to the present time. ALFRED HEATH, M.D.

London, England.

Case Simulating Cholera.—K. B. S., aged 30, a deputy magistrate, of phlegmatic temperament and subject to sick headache. On the 16th of November, 1893, he had a severe attack of migraine. The nausea and vomiting was so severe that he became pulseless and remained for three hours in a collapsed state. He gradually recovered from this attack. On the 18th he complained of great heaviness of head and photophobia. Another attack of migraine was dreaded. A reputable old school physician was called in and prescribed a large blister on the right temple and four doses of *Sulphate of Magnesia* in two drachm doses. He took only one dose in the afternoon and had three stools by 10 o'clock. These stools were of yellow color and contained some fecal matter. The fourth stool was very loose and so was the fifth. The sixth and seventh stools were of rice water character. Being alarmed I was sent for to see patient at 2 A. M. I found him in a collapsed state. The radial pulse could not be felt, hands and feet were icy cold but the body was not so cold. There was intense nausea, hiccough, vomiting, anuria, excessive thirst, cramps of feet, abdomen and back. The patient was restless and was constantly asking for ice to suck. Before I arrived a dose of *Arsenicum album*, 30th, was given by an amateur but it had no effect upon the symptoms. There was another prominent symptom, viz., constant yawning. This and other symptoms led me to prescribe *Podophyllum*, 30th, every hour until the patient should feel better. Three doses had to be given altogether. All the symptoms subsided excepting the troublesome nausea and vomiting. A dose of *Iris*, 30th, removed these distressing symptoms in a couple of hours. He passed urine eight hours after the cessation of all symptoms. B. N. BANNERJEE, M.D.

Calcutta, India.

Castration for Enlarged Prostate.—I enclose an article which strikes me as important. I have had many an old man under my professional care who suffered intolerable torment from hypertrophied prostate who would have hailed castration as a great boon. I shall certainly advise it in suited cases;

"A NEW VIEW OF THE PROSTATE.

In his admirable address before the American Medical and Surgical Association, Dr. White presented some exceedingly interesting views and facts relating to the prostate. The obstinacy with which diseases of the prostate resist the ordinary methods of treatment, and the hazardous character of most of the operations which have been performed for the relief of chronic enlargement of the prostate, have given to this subject a very great interest. The morbid conditions which affect the gland are, in themselves, of comparatively little importance, but the secondary conditions which grow out of them are often of so grave a character as to not only destroy the comfort of the patient, but to menace his life. This is especially true of the changes in the bladder which are occasioned by mechanical obstructions; by disturbance of circulation through pressure upon the prostatic veins which receive the blood from the vesical veins; by septic infection by use of dirty instruments, or otherwise.

"The new view advanced by Dr. White, representing the nature of the prostate, is that it is especially a sexual structure, and that its enlargement is due to the development within its structure of new growths similar to those to which the uterus is subject.

"Later in his address Dr. White suggests the possibility of utilizing still another procedure in the treatment of these cases, namely, castration. Although not recommending this as a remedy for enlarged prostate, he presents a very convincing array of evidence that the removal of the testicles produces atrophy of this gland just as the removal of the ovaries produces atrophy of the uterus. This fact is proven not only by the observation that there is a natural tendency to atrophy of the prostate in old age, but also by the observation first made by John Hunter that the prostate gland of the mole is, in winter, 'hardly discernable, but in the spring (when sexual activity begins) being very large and filled with mucus.' Corresponding changes have been observed in the hedge-hog, by Owen and Griffiths. Owen also observes that the prostate of the perfect bull is soft and bulky, while that of the castrated animal is 'small, flabby, tough and ligamentous.' In his investigation of the subject Dr. White, aided by Dr. Kirby, made a large number of experiments upon dogs, and found as a result of castration rapid and almost complete disappearance of the prostate in every case." This observation is certainly very interesting and may lead to the development of a method by which men, whose lives are so miserable as to be almost

beyond endurance, may be relieved of their suffering in the same way in which women are now frequently relieved of the inconvenience attending the development of fibroid growths of the uterus.

E. M. Hale, M.D.

Chicago.

CENTURY CULLINGS AND COMMENTS.

By the MEDICAL CENTURY'S STAFF.

Two Cases of Castration are reported within one month by one surgeon. The operation can never, however, become a popular one, and students are advised to continue their studies of Scarpa's triangle and the coverings of inguinal hernia as being more likely to yield a valuable return.

"Battey's Operation" was christened by the late J. Marion Sims, because Dr. Robert Battey, of Rome, Georgia, first defined the indications for, and the indications of, the procedure that bears his name, although both Tait and Hagar performed the operation some days before Dr. Battey did.

Left-Sided Appendicitis.—Dr. George R. Fowler, Brooklyn, reports three cases of left-sided appendicitis, the diagnosis in every case being confirmed by operation or by autopsy. The appendix has been found in every part of the abdominal and pelvic cavities, and is as liable to disease in one location as another.

Collodion in Eneuresis.—A distressingly and excruciatingly scientific contemporary seems to be greatly impressed with the use of *Collodion* in eneuresis. Briefly, the mixture is plastered over the meatus and—well, urine can no more be forced through a brick wall than through a *Collodion* wall. A great idea. But why *Collodion?* Why not a shoestring?

Prof. W. D. Foster, Kansas City, advises that the abdominal incision in laparotomy be made through the rectus muscle; and claims that such a procedure is greatly superior to a division of the linea alba (if that celebrated landmark can be readily located before incision). The advantages cited by Dr. Foster are decided. It may be recalled in this connection that Dr. Ephraim McDowell, the immortal father of abdominal surgery, made his first ovariotomies through lateral incisions.

Intubation—Waxham. Dr. Frank E. Waxham, formerly a resident of Chicago, now residing at Denver, reports 466 cases of intubation of the larynx, and the results are very interesting. There were 27 recoveries in the first 100 cases; 34 in the second 100; 40 in the third 100; 38 in the fourth 100, and 22 out of the last 66 cases; only 13 of these cases were in children under one year; 318 cases (over 60 per cent.) were in children over 1 year and under 5. There were 161 recoveries out of the total 466 cases, a little over 34 per cent.

Rush Medical College, Chicago, through its registrar, Dr. E. Fletcher Ingals, gives notice that it will introduce a resolution at the next meeting of the American Medical Association to compel all colleges recognized by the association to raise their requirements for graduation by demanding four full courses of lectures of six months each. Graduates in dentistry and pharmacy are to be admitted to the second year classes. Likewise graduates of colleges that give a suitable scientific course. All of which is highly creditable to Rush Medical College and quite in keeping with the well known advanced position of the American Institute of Homeopathy.

"Wholly Damnable" is the manner in which the *New York Medical Journal* characterizes the practice of physicians rendering bills to each other for professional services rendered either to them or to their families. There is absolutely no excuse for such practices, and we are glad to believe that they form the rare exception in practice. Of course, where a brother practitioner incurs expense in travel or equipment it is eminently the correct thing to render an equivalent therefor; but a charge for services, per se, is wholly inconsistent with the ethics of the noblest profession in the world, one that stands pre-eminent in deeds of mercy and charity and self-sacrifice, and one whose high character must not be smirched by exhibitions of contemptible voracity that would be discountenanced even among the fiercest circles of commercial life. The humblest medical practitioner, no matter what his attainments, or his lack of them, is entitled to the benefits of the experience and the skill of his more favored brethren; and these should be granted without the asking, not ostentatiously nor haughtily, but kindly, generously and unconsciously.

Torsion is the subject of a recent paper by Dr. Murdoch, surgeon to the Western Pennsylvania Hospital, of Pittsburgh, one of the most celebrated surgical hospitals in the world. Dr. Murdoch first refers to the experience of Mr. Thomas Bryant, of Guy's Hospital, London, where, as is well known, the ligature was long ago supplanted by torsion, and then laments the fact that the profession is and has been so slow in adopting improved methods in the matter of dealing with hemorrhage. The singular fact is stated that it required centuries for the ligature to supplant the actual cautery. For twenty-one years torsion has been in vogue in the Pittsburgh hospital. During that period it has been applied 160 times to the femoral artery; 48 times to arteries the size of the axillary; 910 times to vessels of the calibre of the anterior tibial; to the brachial 115 times, and to the radial size 108 times. In no case has there been a secondary hemorrhage, and the healing of wounds has been decidedly more rapid and satisfactory than where the ligature is used.

Bryant recommended free torsion; that is, the grasping of the end of the severed vessel and the twisting of the forceps until resistance is no longer apparent. Limited torsion is superior, being less likely to injure the external arterial coat, and requiring but a single pair of forceps.

The advantages claimed for torsion are that it is more quickly applied; that it requires no assistant; that it is thoroughly effectual and leaves no foreign substance in the wound.

These are important considerations and are worthy of careful attention by those who practice surgery. The late distinguished Dr. Gaylord D. Beebe was a strong advocate of torsion and applied this method in some of his most famous operations. It is used also by some of our best known surgeons of to-day.

DIFFERENTIAL DIAGNOSIS OF NEPHRITIS.

EMMET L. SMITH, M.D., 525 Forty-third Street, Chicago.

	(a) ACUTE NEPHRITIS.	(b) CHRONIC PARENCHYMATOUS.	(c) INTERSTITIAL NEPHRITIS.	(d) AMYLOID NEPHRITIS.
ETIOLOGY	"Cold and drinking," youth, specific fevers, toxic agents, turpentine, cantharides, carbolic acid, beer, pregnancy.	Follows acute syphilis, chronic malaria, suppuration, alcoholism, chronic digestive disturbances.	Prolonged use of irritants, syphilis, gout, rheumatism, lead, mercury, meat diet, after 50 years.	Follows chronic parenchymatous nephritis, prolonged suppuration, syphilis, tuberculosis, cancer, bone disease.
PATHOLOGY	Capsule—Non-adherent. Cortex—Swollen, pyramids beefy-red. Size—Increased. (1). Glomerular (scarlet fever). (2) Tubular. (3) Acute interstitial.	Capsule—Non-adherent. (Loomis) Cortex—Swollen and infiltrated. Kidney—"Large white kidney." (b 1.) Tubules distended and contain tube casts, glomeruli large and altered, hyaline changes.	Capsule—Adherent and thickened. Cortex—Atrophied. Small kidney (c 1). Surface granular (cysts), marked increase of connective tissue and degeneration and atrophy of secreting structure.	Capsule—Non-adherent. Cortex—Pale and enlarged. Large kidney (d 1). Smooth surface, pale on section, waxy appearance, amyloid changes first seen in glomeruli, pyramids red.
SYMPTOMS	Sudden fever, 98°, 103° (variable) nausea, pulse quick and hard, skin dry, nephralgia, Bright's eye, edema of ankles, strangury, anemia, dilated heart occasionally, hemorrhagic retinitis, and papillitis, tender on pressure. (a 1.) Uremia—Frequent.	Gradual onset, Bright's eye, gastro-intestinal disturbances, dyspnœa from ascites, cardiac hypertrophy, anasarca, bronchitis, blindness (b 2), drowsiness, headache, irritability, rapidly grows cachectic and anemic, edema early. Uremia—Seldom (late).	Onset slow, headache, defective eyesight, palpitation, dilated heart, but no dropsy except late, Bright's eye, skin dry and itching, thirst, emaciation, neuralgia, rheumatic pains, disorders of gastro-intestinal and nervous system, insomnia, eczema, breathlessness on exertion. Apoplexy—16 per cent. Uremia—Common (c 2).	Ushered in by above complications, cachexia, edema of lower limbs, diarrhea, exhaustion, anemia, spleen and liver enlarged, ascites (late). Uremia—Rare.
URINE	Specific gravity { 1025-1030 Primary / 1005-1010 Later. Color—Beefy-red. Amount—Scant or suppressed. (a 2.) Albumen—Present. Casts—Epithelial, blood and hyaline. Leucocytes, blood corpuscles, epithelial cells. Prognosis—Favorable.	Specific gravity—High. Color—High. Amount—Diminished (b 3). Albumen—Abundant. Casts—Hyaline or fatty. Epithelium—Blood corpuscles. Prognosis—Possibly recovery, or amyloid.	Specific gravity—1005, 1012. Color—Light yellow. Amount—Abundant average. Albumen—Variable. Casts—Hyaline or granular. No sediment, most voided at night and frequent (c 3). Prognosis—Unfavorable, long course.	Specific gravity—Low. Color—Pale. Amount—Abundant. Albumen—Usually abundant. Casts—Hyaline, fine granular, waxy, (d 2). Oil globules. Prognosis—Fatal.
NOTES	(a 1) Tender, also, in tumor of kidney, stone in pelvis, perinephritis. (a 2) (b 3) May be diminished by fever, sweating, diarrhea, pleuritic or peritoneal exudation, incompensation in valvular heart disease, pulmonary obstruction.	(b 1) Last stage is "Small white kidney."—Prof. Grainger Stewart, Aitchison, etc. Loomis differs. (b 2) Defective vision of cerebral or retinal origin is most common in the interstitial. "Hypertrophy of the heart, cerebral hemorrhage, albuminous retinitis, etc., do not belong to parenchymatous nephritis, or show themselves only at the period of atrophy."—(Charcot-Millard, 1878.)	(c 1) First stage may be increased. (c 2) Ushered in by obstinate vomiting, diarrhea, headache, and vertigo. (e 3) May be associated with irritable prostate orhy per-acidity of urine.—(Osler.) "Associated with contracted kidney are general arterio-sclerosis and hypertrophy of the heart."—(Osler, p. 751.) Pulse—Persistent high tension is an early and important symptom.	(d 1) Later stage—Atrophied.—(Charcot). (d 2.) Vierodt, p. 423: "They are not pathognomonic of amyloid kidney."

Neurology.

PUERPERAL INSANITY.

By A. P. WILLIAMSON, M.D., Minneapolis, Minn.
Prof. Mental and Nervous Diseases, College of Homeopathic Medicine and Surgery, University of Minnesota.

The most fearful calamity that can befall the puerperal chamber, not excepting death itself, is insanity. The term Puerperal Insanity, like many expressions in medical nomenclature, has been used in a most careless and elastic manner, and has been made to do service in describing every variety of mental alienation connected in any way with child-bearing, from the mental disturbance sometimes seen in neurotic subjects during the early stages of pregnancy to that which follows the exhaustion of prolonged lactation, two years after delivery.

I propose in this paper being more exact in the use of this term, and to confine the meaning of puerperal insanity to its most contracted sense, and shall limit the use of the phrase to describing a condition of departure from mental health coming within two weeks after labor.

The basis of this paper will be thirty-nine cases of puerperal insanity which came under the writer's care while first assistant physician at the hospital for the insane at Middletown, N. Y.

The disease is fairly prevalent and about four per cent. of all cases of insanity are of this variety. It is said to follow once after every four hundred deliveries. It is also claimed to be more frequent in obstetric hospital practice than in private practice, and it seems to vary, too, in hospitals. In Bellevue, one of the largest of the general hospitals in this country, the proportion of such cases to the number of the deliveries reaches the appalling figure of one to eighty. In Westminster, London, the proportion is 1 to 382, and in the celebrated Dublin Obstetric Hospital its proportion is only 1 to 528. I have no statistics at hand to show the proportion in private practice, but it is asserted that more cases occur in hospital work. All forms of insanity are seen among these patients—Melancholia, Mania, Dementia and General Paresis.

Mania is said to be the form in seventy-five per cent. of the cases, melancholia in about twenty per cent. and the other two varieties much less frequently.

Before discussing a typical case, I will describe a mild form which is occasionally seen in young women who inherit strongly a neurotic tendency and in whose unmarried life they displayed indications of hysteria. In such cases, a few days after labor, when everything is apparently doing well, there suddenly develops an intolerance of husband or child, a wilful disregard of the doctor's directions, a peevish irritability of temper toward everybody, accompanied by restlessness, sleeplessness and constipation. There is no especial rise in temperature or diminution of the discharges. These symptoms characterize the mildest form of puerperal mania.

The treatment consists in the removal of any discoverable cause, absolute rest of body and mind, freedom from the exhaustive influence of talkative friends, weaning the baby and its removal from its mother's sight and hearing, restricted diet and the exhibition of the properly indicated Homeopathic remedy, which is most frequently *Aconite*.

As a rule these changes in the care of the case are sufficient to remove the symptoms within a few days. In some cases, unfortunately, the symptoms just described are the fore-runners of a more serious illness.

In the typical form of puerperal insanity the disease may be sudden in its onset, but as a rule it is gradual and is preceded for some days by the symptoms already enumerated, or else by suppression of the lochia and milk, high temperature, rapid pulse, dilated pupils, flushed face or palor of the face with quick flushing, great physical restlessness and constant talking. There is also an irascibility and great mental unrest. Soon she begins to place everyone's motives under suspicion; she talks very rapidly and sometimes incoherently; she mistakes the identity of her nurse, doctor, husband or parents; takes strong and unaccountable dislikes to those nearest and dearest to her; charges them with unkindness and neglect. She is sarcastic in her statements and imperious in her demands. All these symptoms within a week or ten days increase in violence and others are added until, finally, there is an outburst of uncontrollable frenzy. After the appearance of violence, delusions and hallucinations follow. She carries on conversations with imaginary persons, or she imagines herself poisoned, or she entertains the delusion that she is some royal person. At this stage an impulse to kill her husband, child or herself may appear. It is likely that among the prominent symptoms at this time is nymphomania, displayed by a desire to expose her person and by the use of most obscene language. Unless she is now too incoherent to be understood she is quite likely to charge her husband with marital infidelity. In a small proportion of cases the earliest symptoms which appear are the opposite to those described, and consist of a disposition to be unnaturally quiet and taciturn, with an inclination to be alone and to gloomy conversation. She may entertain delusions of a depressing character and imagine she is unworthy of her husband, or that she has been very wicked, with a strong desire to commit suicide. The physical symptoms in the melancholia type are asthenic. The temperature is usually slightly subnormal, the skin is dry and harsh, the extremities are cold, the tongue is coated brown or dirty white and there is persistent constipation. Sleeplessness is a prominent symptom in all forms of this disease.

Puerperal insanity is peculiarly liable to attack primiparæ and those who have borne few children. The exhaustion which follows too frequent maternity has very little, if any, influence in its production. In my thirty-nine cases, twenty were primaparæ, seven had had two children, five had had three, four had had four, one had had seven, and two had had eight. Thus 51 per cent. had had but one child, 41 per cent. had had between two and five children; that is, 92 per cent. had given birth to less than five children, and only 7 per cent. had had more than five children. On studying my cases I found the most frequent remote cause to have been an inherited predisposition to diseases of the nervous system. Thus thirty-one, or

52 per cent., displayed a history of insanity in their immediate progenitors, ten from the mother's side, eight from the father's side, and three from both sides; and in every case in which the disease attacked those who had borne more than one child this inheritance was very strong, and in three such instances the insanity was inherited from both paternal and maternal sides. In only six instances was this inheritance denied by the friends. In twelve cases the histories were incomplete, and it was unknown whether these persons received a neurotic inheritance or not. It is probable that many of these last mentioned persons did possess a neurotic taint and consequently such a family tendency probably existed in our cases more frequently than shown by our figures. In three cases a previous attack acted as the remote cause. Anemia was asserted to have been the cause in three cases. Getting up too soon after labor was assigned in three instances. Illegitimacy was alleged to have produced two cases and in nine cases no remote cause could be assigned by the friends. The exciting or producing cause in five cases was overwork; five others were caused by excitement too soon after labor; worry is chargeable with seven cases; procedentia, too rapid maternity, exhaustion and puerperal fever are each held accountable for one case. The cause in thirteen other cases is, unfortunately, unknown. Late maternity has been said to be a factor in the causation of this disease. While a fair proportion displayed an age beyond which most women bear their first child, yet none were very far advanced in the child-bearing period. One was less than twenty years old, fourteen were between twenty-one and twenty-five, ten were between twenty-six and thirty, and fourteen were between thirty-one and forty. Of the primiparæ one was less than twenty, twelve were between twenty-one and twenty-five, two were between twenty-six and thirty, and five between thirty-one and forty. We find among the multiparæ only two patients were under twenty-five, eight were between twenty-six and thirty, and nine were between thirty-one and forty. It is claimed by Dr. Duncan that the height of fecundity is reached at twenty-five. Measured by this standard eighteen of my thirty-nine cases had passed the zenith of child-bearing period before they had had their first attack of insanity. Scotch authorities lay especial stress upon illegitimacy as a cause. In my experience this is one of the most infrequent causes. Only two of my patients appear as having fatherless children. These women both belonged to the lower stratum of society and were worried particularly by this evidence of their lapse from virtue and both of them possessed a neurotic inheritance. In seventeen cases, or 43 per cent., the disease developed on or before the fifth day after labor, as follows: Five on the first day, two on the second day, three on the third day, one on the fourth day and five on the fifth day. One patient showed the first symptoms on the sixth day, and ten on the seventh day. It will thus be observed that twenty-eight cases, or more than 71 per cent., developed the disease in the first week after labor. Eight cases displayed symptoms first on the tenth day, one on the eleventh day, and two on the fourteenth day. The most dangerous days, therefore, seem to be the first, third, fifth and seventh. In regard to sex of child my experience is in accord with the accepted impression, that the disease more frequently follows the birth of male children than female.

The thirty-nine mothers bore forty children. Of this number twenty-seven, or 69 per cent. are recorded as male, and thirteen, or over 30 per cent., were female children. In fifteen cases, or 38 per cent. of the thirty-nine, the labor was said to be either severe, protracted or instrumental. In seven cases the labors were natural. In the large number of seventeen patients, or 41 per cent. of the cases, the character of the labor was unascertainable. The proportion displaying some complication in the labor is larger than usually obtains in labors not followed by insanity. It is therefore a fair assumption that the character of the labor exerts some influence in the causation of the disease. The attack was said to have been the first in thirty-two cases, or 82 per cent., the second in six cases, and the third in one case. From this one would judge that one attack does not predispose to others. Only four cases had had puerperal mania previously and the other three women had had attacks of insanity previous to their marriage. In recent years there has been a disposition to ascribe sepsis as a cause of nearly all forms of disease, and puerperal insanity has not escaped the charge. In the thirty-nine cases referred to only two were preceded by any symptoms of septic poisoning, and there is a doubt in the writer's mind whether in either of these cases there existed the relation of cause and effect. One patient had had, according to the history, a mild run of puerperal fever, and the other had eclampsia during labor. A few years ago it was the writer's privilege to see over forty cases of puerperal fever in an obstetric hospital, and as far as his knowledge goes not one of these cases subsequently became insane.

The prognosis of this disease is, as a rule, favorable. The general physical state of the patient at the time the disease comes on has a marked influence over the result. Twenty-seven of my cases recovered, about 70 per cent. of the number treated. One patient came in moribund and died a few days afterward. Three patients were discharged improved. Two were discharged unimproved, and six were still under treatment when the statistics were gathered.

The treatment of puerperal mania or melancholia consists in isolating the patient from relatives and solicitous friends, whose presence, as a rule, has the undesireable effect of increasing the patient's excitement and thus aggravating the case, carefully selected diet and the proper Homeopathic remedies. If the case must be treated at home two thoroughly efficient trained nurses are necessary, one for day duty and the other for night. Whenever restraint can be dispensed with it should be done, of course; but in the majority of the maniacal cases some kind of restraint is absolutely necessary. Never permit a person to be tied down to the bed with sheets, but obtain from an instrument maker a good, strong apparatus which will hold the patient and in which she will be entirely comfortable. The writer does not wish to be understood as advocating mechanical restraint to the insane; on the contrary, he is a strong partisan in favor of the non-restraint system, and

has frequently employed his pen and voice in upholding the abolition of restraint. In insane hospitals there are very few cases in which restraint is excusable, but in private practice we do have to have recourse to the protection sheet to prevent the patient from hurting herself or some one else.

Diet is of the utmost importance in the treatment of these cases. Hot milk is our sheet anchor; it should be given often and it is well to add a teaspoonful of Bovinine or Murdock's food; such foods as Mellin's and Horlick's are also of value. In some cases Cibil's or Armour's beef extracts are needed. Some food should be given every three hours, and during the violent stages it may be necessary to give it at two-hour intervals. It must be borne in mind that one of the principal symptoms to combat is exhaustion. The patient's chance of recovery largely depends upon whether she has the strength to weather the maniacal cyclone, so that food must be pushed as far as her stomach will stand it.

The drug treatment is largely confined to those remedies which are most useful to combat feverish conditions and the opposite state of exhaustion. As especial remedies we find: *Aconitum, Arsenicum, Baptisia, Belladonna, Cimicifuga, Cantharis, Gelsemium, Hyoscyamus, Stramonium* and *Veratrum viride*. Sometimes *Ignatia, Nux vomica, Platina* and *Veratrum alb.* are useful.

When there is a great incoherency, restlessness, flushed face, a tendency toward violence, with an evidently strong desire to strike and bite those standing near from anger, accompanied by hallucinations of sight, I have found *Belladonna* especially useful. When the patient is noisy, singing, laughing and very talkative, using obscene and profane language, violent to everybody but good natured, or a condition of mental confusion with suspiciousness and changeable manner, *Hyoscyamus* has been used with good effect.

When hallucinations of hearing are particularly marked symptoms, with a desire for company and a fairly good-natured condition, but quite changeable and the temperature about normal, *Stramonium* is a most excellent remedy. *Veratrum viride* has helped very many cases when the patient is very suspicious and imagines she is to be poisoned, with great restlessness, flushed face, high temperature and rapid pulse. I will not take up time by mentioning the indications for any more remedies.

In my experience I have rarely been obliged to go beyond *Belladonna, Hyoscyamus, Stramonium* or *Veratrum viride* in maniacal cases, and *Aconitum, Cimicifuga, Gelsemium, Ignatia* or *Veratrum album* in cases of melancholia. The earlier the treatment is begun the better. The chance for speedy recovery is better in a hospital than at home. Select your remedy with great care and stick to it. Give easily digested food and give it often. Avoid hypnotics and narcotics as you would death, and a large proportion of your puerperal insanity cases will recover.

The Chicago Homeopathic Medical College will conduct its fourth Annual Post-Graduate Course for two weeks beginning April 9th. Every clinical department will be represented, the drawing card, as for some years past, being Dr. Pratt in orificial surgery.

Laryngology.

ANESTHETICS IN NOSE AND THROAT OPERATIONS.

By C. GURNEE FELLOWS, M.D., Chicago.
Adjunct Prof. Diseases of Nose and Throat, Hahnemann Medical College, Chicago.

Chloroform and Ether.—The indications for chloroform or ether are the same as in general surgery except that they are required much less frequently. They are indicated in major operations upon the nose for recrushing the septum, for raising the nasal bones in external deformity and for prolonged intra-nasal work. They are indicated when the tonsils and adenoid vegetations are to be removed at one operation in very young children, and in timid or nervous ones of greater age. General anesthesia is indicated for adenotomy alone in young children, but as the danger from strangulation is great the anesthetic may be omitted in gritty children of from five to ten years of age.

Chloroform or ether are not required for intubation but are for tracheotomy, except in emergency cases, when the patient is asphyxiated.

Ethyl Bromide is an anesthetic of recent date, suitable for many nasal and pharyngeal operations of short duration. A recent article in the *Revue de Chirurgie* says: "When properly administered *Ethyl Bromide* is a very convenient, rapid and safe anesthetic. The patient recovers speedily and does not suffer any malaise."

As it causes cephalic congestion it should not be given when the patient is sitting.

I had the pleasure of seeing some operations done under *Ethyl Bromide* in the clinique of M. Gougenheim, in Paris. It produced rapid anesthesia and as quickly passed off. It was even given with the patient sitting and seemed to be similar in its action to nitrous oxide gas.

Nitrous Oxide, or laughing gas, so commonly used by dentists, is used almost exclusively when any anesthetic is used for the removal of tonsils or adenoids in the Central London Throat Hospital, under the care of Lennox Browne, Dundas Grant, etc. The patients sit in the usual chair, the head supported by the anesthetist, and ten or twenty patients are anesthetised and operated upon in about as many minutes. They have not yet had an accident to report and have administered it to thousands of patients. There is much to recommend in its use as it is quick, safe and sufficient. It is not, I believe, much used in America.

Cocaine is the most frequently used of any anesthetic for this class of cases and will suffice for most operations. The strength of the solutions is not so great as advocated at first; a four per cent. solution is generally sufficient for cauterizations, snaring of growths, and a ten per cent. solution when bone or cartilage is to be removed. Stronger solutions are often used but are not generally recommended. In pharyngeal work, such as tonsillotomies and adenotomies *Cocaine* is useful to this extent: it removes the sense of feeling for the instruments, permits of their careful adjustment and controls hemorrhage, but as there is not much absorption it does not materially affect the deep tonsillar or adenoid tissue, which, however, has little natural sensation.

As a rule, it should be applied by cotton-tipped probe rather than by atomizer, as its application is thus limited to the part desired.

It should be used in as weak solution as will answer for anesthesia. Fresh solutions are generally conceded to be best, though the combination with phenol, resorcin or boracic acid helps to preserve the solutions for a longer period. They also add to the anesthetic effect.

Tropacocaine is a new anesthetic which promises a good deal in a certain field. It is claimed to have less danger of producing constitutional effects, and being more powerful can be used in weaker solutions. It is especially useful in eye work as it does not cloud the cornea. It is not haemostatic, which is a desirable thing in nasal work. I have used this new anesthetic in nasal work, but as yet see nothing to recommend it over *Cocaine*.

The use of ice for the anesthetic effect upon the pharynx for purposes of examination is often advisable when the use of *Cocaine* is interdicted. It is soothing as well as hemostatic, following tonsillotomy.

Antipyrine in from one to five per cent. solutions increases the effect of *Cocaine* and prolongs the anesthesia for a number of hours, and is not dangerous for continued use.

HYSTERICAL APHONIA.

By S. S. KEHR, M.D., Denver, Col.

Synonyms.—Hysterical Paralysis of the Vocal Cords; Nervous Aphonia.

The most frequently affected are unmarried women from the ages of 15 to 45 years; chiefly at puberty and at the menopanse; yet no age of either sex is exempt from the functional aphonia. There is usually no pathological lesion to be detected, and if the patient can be made to believe that she can speak aloud the aphonia will often pass away instantly.

Etiology.—Hysterical aphonia is due to a paresis of the abductor muscles; occurring independently of any organic lesion, either of the muscles themselves or their nervous supply, the trouble is more general than local, consisting more of an inability on the part of the patient through some momentary disturbance of the central co-ordinating powers to approximate the vocal bands sufficiently to make a sound. It often comes on without any warning, and this fact aids us greatly in diagnosis; also the absence of cough, expectoration, local pain and trouble in breathing. One class of causes are shocks, anger, fear, disappointments, etc., occurring at the same time with weakened resisting powers, and are prime elements in a large number of cases. In others it can not be attributed to any apparent cause; the voice disappears suddenly or gradually and may return in the same manner. It may occur as a manifestation of a remote trouble, especially of the uterus and its appendages, loss of animal fluids and anemia.

Symptoms.—When the voice is suddenly lost without any warning, or even a cold, the condition under consideration should be suspected. The degree of aphonia depends on the extent the vocal cords can be approximated. It may be complete or partial. In most cases, however, it is complete. In some cases the power of whispering is lost. In a few cases the patient is able to sing but cannot talk. The aphonia may be intermittent, disappearing for a few hours, days or weeks and then returning again without an intermission for days or weeks. The voice may return instantly or gradually. Upon examination of the larynx with the laryngeal mirror the bands are normal in appearance and are seen to approximate each other when effort is made at phonation, but instead of remaining together they separate instantly and leave an open space between them, either a narrow slit or a large triangular space. This sudden approximation of the bands toward each other is peculiar to hysterical aphonia; in true complete or partial paralysis the bands are either stationary or move sluggishly.

Treatment—In hysterical aphonia the patient must be assured that the voice will soon return. It is often restored under the same conditions that produced the loss, namely: grief, fright, anger, etc. Electricity and the indicated internal remedy are two of the main factors not to be forgotten in building up the system. The faradic current is to be used, which is often sufficient to produce sounds on the first applications. In such cases recovery is rapid and the voice is soon restored. In some, however, it is necessary to use it for weeks and sometimes for months, especially in cases of long standing where there is atrophy of the muscles from non-use. In other cases external manipulation has proven beneficial: in others vocal drills, beginning with the vowels followed by words of but two letters. Suggestions during the hypnotic state have succeeded after other means have failed Astringent applications to the larynx or the introduction of the laryngeal mirror have restored the voice in recent cases. Copper and other metal collars have been worn. A large magnet applied over the external surface of the larynx from one-half hour to an hour two or three times a day has given excellent results.

Therapeutics.—*Aconitum*, aphonia due to fright, fear or anger.

Cocculus, functional aphonia from mental emo tions or fatigue.

Gelsemium, loss of voice, dryness and burning caused or aggravated by emotions. "Loss of voice during menstruation."—Meyhoffer.

Ignatia, nervous, hysterical persons, mental anxiety.

Lachesis, larynx tender to touch, must have clothing loose about the neck, all symptoms aggravated after sleep, especially indicated at the climacteric period.

Phosphorus, anemia of the laryngeal lining; threatening phthisical patients, vocal cords relaxed, tall, slender women.

Stramonium, from great mental excitement, hysteria, even mania, full of fear; incessant and incoherent talk; proud and haughty. Compare other remedies, such as *Asafetida*, *Belladonna*, *Caulophyllum*, *Causticum*, *Chamomilla*, *Hyoscyamus*, *Nux vomica*, *Pulsatilla* and *Sepia*.

Dr. Geo. B. Peck, Providence, R. I., has been justly honored by being elected Medical Director of the Grand Army of the Republic for his state for the ensuing year. A deserved recognition of a deserving man.

Legislation.

LETTER OF APPROVAL FROM DETROIT.

I am heartily in accord with the stand you take on the question of medical education and state examining boards, and I believe that eventually the profession as a whole will come to your view of the matter, this, too, regardless of school.

How much better it would be to strike at the root of the matter by requiring every college to maintain a high standard of admission, instruction and graduation, by that means educating every physician who comes into practice. How much better to do this is it than to disqualify at the last a few individuals who may be naturally well endowed, capable of making excellent physicians, but unfortunate in their preparation or choice of school in which to study. I spent twelve years of my life in getting ready to pass various school, college, medical and hospital examinations, and I know how much success is due to luck and cramming (or "boning," I believe the term is here in the West). What do examinations lead to? In every Eastern medical school are to be seen scores of advertisements as follows: "QUIZ. Dr. ——'s quiz for hospital, state, army and navy examinations, etc., $25.00." The man who can afford the $25.00 stands the better show; for these quiz masters can pick out the line of questions that must be asked and their pride in the success of their pupils, which is, in fact, their greatest advertisement, leads them to spend a tremendous amount of energy in drilling these pupils in memorizing facts, not in trying to make better physicians, but in memorizing facts to use at the examination. How much better were it to spend this time in clinical and hospital work, in studying patients and disease!

Everyone who has the elevation of the profession at heart will surely see the advantage of your system! If he wishes merely to do partisan work the profession has no use for him—or I should say, should have no use for him.

I did not mean to write all this when I started, my intentions being simply to ask if you could furnish me with a copy of the laws of Illinois regarding medical education and the State Board.

Detroit, Michigan. S. H. Knight, M.D.

Note.—Dr. Knight's letter has the true ring about it. Strike at the root of the evil rather than be content with clipping off a few weak branches. Legislation that will elevate the colleges, that will prescribe the courses of lectures necessary to graduation, the equipment of our teaching institutions, our hospital facilities, etc., is the character of legislation we need. Examining boards are objectionable from so many viewpoints that we cannot see how it is possible for any right thinking man to consent to their creation. Elevate the colleges and the profession will be elevated. Trim all you will but if the root is rotten the tree will not give forth good fruit. The whole trend of the medical legislation of to-day is wrong, and that because it is the outgrowth of a desire to control the profession rather than to elevate it. When the old school proclaimed in its favor at that memorable New Orleans convention simply as a measure by which to stamp out the weaker sects that moment the examining board becam a system that should be eschewed by all right minded men. Elevation and not prosecution nor persecution is what all honest men in the profession desire.

International.

Sir Andrew Clark left an estate valued at £203,969 or about $1,000,000.

The number of students of medicine matriculated at Edinburg University during the present winter is 1,278.

The Empress of Germany gave $12,000 to a lying-in hospital for poor women on the occasion of the christening of her daughter.

The death of Dr. Samuel Guttmann, of Berlin, the well known editor of the *Deutsche Medicinische Wochenschrift* is announced as having occurred on December 21st, from influenza.

Dr. Vassail, of Chicago, has been appointed court dentist at St. Petersburg and will go to his new post in February. His young wife, who writes cleverly and is a musician, will accompany him.

Cholera has broken out in the north of France in Commune Izelles-Equerchen. A miner was taken ill on December 9th and continued working and died the next day. Several cases followed in quick succession, but it is not thought that the disease will be allowed to spread.

Prof. A. Jacobson was recently invited to accept the chair of pediatrics in Berlin. He has refused to accept, not desiring to leave this country. When Russia and Germany look to America for medical and dental talent the profession of this country have reason to be proud of their standing in the medical circles of the world.

Vaccination matinees in Paris have become quite the fashion. It is said that persons belonging to fashionable society coöperate to have a doctor and a cow at an evening tea. [Good combination.—Ed.] The company are all vaccinated from the cow. In some of the larger houses on the Champs Elysees the cow is taken up in an elevator and temporarily installed in the dining room. Cards are issued bearing the words "*On vaccinnara,*"

New Treatment for Small Pox.—According to the *Universal Medical Journal* for December, the method of treating small pox as recommended by Finsen has been successfully employed by Lindholm, of Bergen. The patients were placed in a room from which the ultra-violet rays of light were shut out by red window panes or by covering the windows with red curtains. Twenty cases, of which ten were unvaccinated children, were treated in this manner with complete success; all the patients recovered, although severely attacked. The eruption dried up shortly after its appearance, there was no fever of maturation and the patients recovered soon and with but few scars.

The British Homeopathic Congress having proclaimed by a narrow margin that it is opposed to the publication of a Homeopathic directory for England, the *Homeopathic World* announces the intention of other publishers to prepare such a publication for the convenience of the profession and the people who desire to patronize Homeopathy. We are glad to know that the *World* is not so much given to the ultra conservatism of our English colleagues as is its contemporary *Review*, and we will hail the publication of a Homeopathic directory with no little pleasure as helpful to Americans having patrons going abroad. We are not afraid to show our colors on this side of the water, and will be more than glad to have opportunity to recommend our friends to those of our profession on the other side who are not afraid to show theirs.

Infectious Hospital Plant.—London has been suffering from an epidemic of scarlet fever, and the existing hospital accommodations have been found wholly inadequate. The total number of beds at the command of the Metropolitan Asylums Board has been 3,300, whereas not fewer than 5,000 beds are needed. Authority having been obtained by the board, it has purchased land at a cost of $60,000, thirty-three acres in all. Twenty-three acres have been selected for a permanent structure soon to be begun; ten acres will be used during the present emergency for the purposes of temporary buildings large enough to hold 400 beds. This temporary hospital will cost $30,000, and will be almost wholly needed for the scarlatina patients that are sent to hospital from the southwestern parts of London. The cost of maintenance is stated at $50,000 per annum. There will be ninety nurses and assistant nurses. There will be sixteen pavilions, used as wards, each to contain twenty-four beds. The air-space for each bed will be 2,000 cubic feet.

Correspondence.

"GET OUT OF THE RUT."

Your recent editorial, "Get out of the Rut," strikes a chord; that which you advocate is what we young men want of our older brothers in the profession. Many times we meet with cases in practice that stick us in spite of all the text books and books of reference, and if the older men in the profession would do some practical work for our numerous journals such as you desire it would be of immense help to themselves in the long run and would help us boys out of many a tight place. I do not think the older men in practice can realize how eagerly we young men search the pages of the journals for help in our difficult cases.

We all know that no physician can lay down any prescribed line of treatment for any disease under the law which governs Homeopathy, but that we must all depend on the never failing law of similars. But many of the little hints given us through our journals help us to find the proper remedy when without them we would fail oftimes in our search. I like your editorial, "Get Out of The Rut." Give us more of the same kind.

Clinton, Mich. W. N. Fowler, M.D.

SECONDS THE MOTION.

I want to say a hearty "Amen!" to your determination to try to avoid long articles for the Century during the present year, and that it is your intention to try and give us plenty of shorter ones and reports of cases and verifications of symptoms instead. This is just what we younger men want and I doubt not that the older ones, too, will be benefited by the change. We want something we can pick up and read in from two to five minutes and then digest it at once or on our very next patient. Give us plenty of this kind of material and we will rise and call you blessed.

Des Moines, Iowa. George Royal, M.D.

PRACTICAL MATTER WANTED.

I think it was a wise move on your part to open that department for practical items and clinical reports. I had heard the objection offered to the Century that it contained too little clinical matter and materia medica. Sarah J. Milsop, M.D.

Bowling Green, Kentucky.

THE AMERICAN INSTITUTE.

I see in your editorial on the American Institute in the January number of the Medical Century you say something about the cry that the Institute is a close corporation. I have heard this for many years and have many times thought it true. Many physicians who are not now members might have been made members but for that supposed feature. And as I still think there is a shadow of truth in it I think it would do well to call a sharp halt on a few old members, just enough to make them remember for a moment that there may be others whose opinions are at least entitled to consideration if not adoption. It would do no harm to print the same or a similar sentence a second time in larger type. G. H. Cogswell, M.D.

Cedar Rapids, Iowa.

THE ILLINOIS ASSOCIATION.

The next meeting of the Illinois Homeopathic Medical Association will be held at Quincy on the 15th, 16th and 17th of May. Now is the time to select subjects for papers for the next session and report to the secretary in response to solicitations recently sent out.

It is the plan of the Association to make up the bureaus from those members who promise to write for the department, and no papers will be received for the association except as arranged on the programme. If not a member the secretary will gladly receive the applications of all who desire to join. Accompany the application with the initiation fee. Wesley A. Dunn, M.D., Secy.

Marshall Field Building.

IS IT A TRUTH OR A FALSEHOOD?

The Russian medical Allopathic journal, *Wratch*, edited in St. Petersburg, reprints in its sixth number for 1893 a paragraph taken out of the *British Medical Journal* for February, 1893, in which it blames, in very strong terms, the mischief caused by the doctors who practice medicine with purchased certificates. The example is given of the State of Pennsylvania, in which it is announced that 332 physicians practice without having a certificate, whilst 222 practice with purchased diplomas bearing the name of universities which have never existed.

If the communication of the English journal is correct it is the duty of the State to find out the manufacturers of these certificates, and prevent them from continuing their scandalous trade; as to the doctors with false certificates, or without certificates, they should be made answerable before the law for their violation of the rights of graduated physicians. If on the contrary the publication is false, the responsibility of it must fall upon the *British Medical Journal* for spreading such calumnies. In any case, it is impossible to remain indifferent to such mischief, for in what light are such proceedings to appear, not only in the eyes of the whole body corporation of graduated physicians, but also in those of all sensible and honest laymen. C. Bojanus, Sr., M.D.

Samara, Russia, December, 1893.

Medical Century

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C. E. FISHER, M.D., - Editor.

ASSOCIATE EDITOR:

W. A. DEWEY, M.D., New York.

Chicago, February 15, 1894.

EXPERT MEDICAL TESTIMONY.

"John Hart shall not be permitted to cheat justice and escape punishment on the plea of delusional insanity, a kind of insanity which is too often urged, which begins with the criminal act and ends with it. The jury was not impressed favorably with the force of the expert medical testimony given in this case. An enlightened public opinion and the maturing judgment of judges, lawyers and laymen is losing faith in this mode of defending criminals, and in this whole business, and unless medical men change their methods in this important matter, and give us less hypothetical theorizing and more common sense the value of such testimony will become worse than useless in great criminal trials."

The above emphatic expression from the bench, made by Judge Shaw, of Rockford, Ill., in sentencing John Hart to be hung for the murder of his sisters, is worthy of serious consideration at the hands of the medical profession. In three important murder trials occurring in Illinois very recently medical expert testimony has been placed at such a discount by the lack of exhibition of good common sense by medical men called upon as witnesses as to excite the attention of the press, the profession and the public. In the trial of Prendergast for the murder of Mayor Harrison the medical testimony was rendered practically valueless by an exhibition on the part of medical witnesses for both sides of the utmost prejudice and the completest willingness to have their testimony conform to the wishes of the side they were called upon to represent. One medical man of known repute proclaimed Prendergast sane beyond the peradventure of doubt, but admitted that his examination of the prisoner was limited to a ten-minute conversation with him. Another who had absolutely no experience in alienation was equally positive of the insanity of the prisoner, but brought absolutely no evidence to bear to sustain his opinion; and strange as it may appear, neither side introduced accurate evidence obtained by careful and systematic examination of the culprit, such as would be employed should the sanity of a private patient of prominence be called in question. In fact, the medical testimony in the Prendergast trial was absolutely worthless and farcical. Doctors went squarely back on opinions previously voluntarily offered, this circumstance happening on both sides of the case.

Another trial of note, that of Coughlin for the murder of Dr. Cronin, has resulted in the regulation ridiculous exhibition by the medical profession in this matter of expert testimony. That Dr. Cronin was murdered no one doubts. He was found in a catch-basin, head downward, with above a dozen lacerated and contused wounds of the scalp. Disorganization of the brain had set in, and every particle of testimony adduced in relation to his previous state of health, the circumstances of his decease and the extent and character of the wounds found upon his person indicated a foul murder. Yet by the use of money the defense was able to bring a half dozen or more otherwise reputable physicians to testify that a slight spot of hypostatic congestion of one kidney might possibly have been the cause of death, and that it was not certain that the wounds upon the head could have caused or did cause his decease.

In the Hart murder trial, at Rockford, it was proven that John Hart foully murdered his sisters in broad daylight. He had sworn vengeance upon them for imaginary or trifling wrongs, forced poison down the throat of one and killed the other outright. He claimed not to remember anything connected with the crime, and medical witnesses were found who were willing to swear him suffering a form of delusional insanity which should exculpate him from his heinous sororicide, and it was this fact that brought forth the deserved rebuke uttered by Judge Shaw when sentencing Hart to death.

So wide-spread has become the doubt as to the reliability and purity of expert testimony in murder trials, because of the manifest willingness on the part of witnesses to conform their opinions to the interests of the side they may be called upon to represent, that testimony that should be really valuable and that may have a direct and important bearing upon a given case is rendered absolutely worthless because of this moral elasticity; and if the ringing words uttered by Judge Shaw shall take root upon the medical profession they will have been words well uttered.

In order to have value expert-testimony investigations conducted by physicians appearing as witnesses should be made upon order of the court, and should be accurately and scientifically conducted. The rate, quality and character of the pulse should be carefully noted several times a day, and over a considerable period of time; the temperature should be accurately noted several times a day. The ophthalmoscope should be brought into requisition and careful chemical an-

alysis of the urinary secretion should be employed. The state of the skin as to heat, dryness, moisture and sensitiveness should be inquired into, and every movement, action and physical condition of the alleged paroniac should be carefully noted by competent medical men employed by the court and made a part of the judicial machinery of the country. And so long as the present laxity and judicial methods are allowed to exist, just so long will medical expert testimony remain in disrepute.

In justice alike to the state and prisoner, thorough reform in this direction is demanded and it is to be hoped that societies and journals and physicians dealing with questions of medical jurisprudence will take it upon themselves to formulate rules and laws for the guidance of the medical profession in these cases and set about securing the universal adoption of needed reforms.

A FLAT CONTRADICTION.

In the communication of Dr. Dyce Brown, bearing on the Northampton incident, which was given place in the last issue of this journal, that gentlemen spoke of a third case as having occurred in England which would seem to have brought the American college very much into disrepute. In speaking of it he wrote as follows:

A third case is Mr. Blank, who had no courses of lectures except those that I have stated the lady had at the London School of Homeopathy, and never left England at all, but after long negotiations with the Homeopathic College of Cincinnati his diploma was sent him after paying the required fee. This was also somewhere about two years ago. I know the gentleman very well and he told me of all the negotiations as they went on and finally showed me, in triumph, his diploma. Degrees such as the two last, at any rate, you will agree with me cannot be recognized in this country."

It will be remembered that the name of the city in which this college is located was not given by the CENTURY. It had not been mentioned by Dr. Brown in the Congress nor had it appeared in any of the journals, and not being willing to believe so gross a charge against our alma mater, for we graduated at the Cincinnati college and are proud of it, we were not willing to publish any data whereby that institution could be reflected upon until opportunity had been given for explanation and denial. This denial has come and in language so emphatic that it will afford rich reading. Under date of January 31st, Dr. Chas. E. Walton, registrar of Pulte Medical College, the only Homeopathic college in Cincinnati, writes as follows:

"Some one is an awful falsifier, thief or forger, or all three. The diploma shown to Dr. Brown by his nameless medical 'gentleman' was never given him by the faculty of Pulte College. If he has a Pulte diploma he has bought it from some graduate and has had his name substituted for that of the original owner. You need not worry about having to defend Pulte College. Do not suppress the name in your journal. Print Dr. Brown's letter word for word and then insert my emphatic denial. If his friend, Dr. Blank, says he negotiated with us for the diploma, he tells that which is absolutely and unqualifiedly untrue. If he shows a diploma from our school we know absolutely nothing about it. How does that suit you? Now let Dr. Brown *prove* his statement.

It was not easy for the editor of this journal to believe that the college manned by Drs. Buck, Walton, McDermott, Pawley, Monroe, Stewart and other honorable and reputable medical gentlemen could be guilty of the act charged by Dr. Brown, and the emphatic denial given his statement by Dr. Walton at once and forever dispels all doubt upon the question, if, indeed, doubt ever existed. It now devolves upon Dr. Brown to offer the proof pertaining to this case, and if he is no more successful in furnishing it than he has been successful in securing lodgment in this country for his unwarranted criticism of Hahnemann College of Philadelphia he will surely find himself in a pitiable plight before he gets through with this matter. The profession of the United States is proud of its colleges, and while under America's laws their teaching terms may not be as long as in some foreign countries, it is a fact, nevertheless, that every one of them is doing good work and is deserving of honorable commendation at the hands of the Homeopathic profession everywhere.

Our British friends will excuse the profession of this country if it appears to take this matter a little to heart; but the criticisms which have been offered are so unwarranted and the affront so altogether gratuitous and unnecessary and the statements seem to be so unsupported by facts that the Homeopath who can rest quietly under the imputation of wrong-doing made against us is not worthy of a place in our ranks. This affair is most unfortunate, but if it teaches the profession in this country the lesson it has so long needed, to let every tub stand on its own bottom, whether it hails from the aristocratic districts of London or the humbler but equally honorable field, the American farm, it will have served a good purpose. In the mean time the profession will not be found willing to believe the stigma which Dr. Brown would throw upon the colleges that have been attacked, in any wise deserved.

THE NATIONAL HEALTH BILL.

The wave in favor of bossism in the medical profession which has been sweeping over individual states for the past few years, under the paternal influence of the American Medical Association, has extended to the government of the United States and we are confronted by a cumbersome and objectionable bill proposing the creation of a

Bureau of Public Health, now before Congress.

This bill is number 4833 in the House and 1153 in the Senate. It was prepared under the fostering care of the New York Academy of Medicine, and proposes to divide the country into Sanitary Districts. These Districts are composed as follows:

Northern District—Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio and Wisconsin.

Northeastern District — Connecticut, Massachusetts, Maine, New Hampshire, New York, Rhode Island and Vermont.

Northwestern District—Idaho, Montana, North Dakota, Oregon, Washington and Alaska.

Eastern District—Delaware, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia and District of Columbia.

Western District—California, Nevada, Utah and Arizona.

Southern District—Arkansas, Alabama, Kentucky, Louisiana, Missouri, Mississippi and Tennessee.

Southeastern District—Florida, Georgia and the Carolinas.

Southwestern District—Texas, Indian Territory, New Mexico and Oklahoma.

Central District—Colorado, Kansas, Nebraska, South Dakota and Wyoming.

It will be seen at a glance that for gerrymandering in nomenclature and geographical distribution the New York Academy has a chequer board peculiarly its own. Its geographical arrangement is about as ungainly as the bill itself.

The measure provides for the appointment by the President of eleven Commissioners of Public Health, who, with the Surgeon General of the Army, the Surgeon General of the Navy, an appointee from the Marine Hospital Service and one from the Department of Justice, fifteen in all, shall constitute the Bureau of Public Health. The compensation of the commissioners shall be ten dollars per day and reasonable expenses when actually engaged in the performance of duty. The commission is to be operated under the Secretary of the Treasury. The President is to select one commissioner from each of the nine districts named and two from the country at large. This commission shall select one of the latter as its president and the other shall be vice-president. An executive committee is to be appointed to look after matters, chiefly, and each commissioner is to have certain supervision over the district for which he is appointed. Conference may be had with State Boards of Health by this august commission, and it shall be its chief duty to look after contagious and epidemic diseases, to investigate into their nature, origin and means of prevention, duties at present well performed by the various state boards of health and the Marine Hospital Service. In short, the creation of a medico-political machine, cumbersome in proportions, heterogenous in composition, and, necessarily, more or less sectarian and political in character, is proposed. As the *New York Medical Journal*, in its issue of January 27th, succinctly puts it:

"In place of the Marine Hospital Service that has demonstrated its efficiency, and whose corps of officers constitute the only large body of medical men in this country that has been trained in sanitary laws and methods, we are to have a commission whose members will necessarily often be appointed as a result of political influence, and, consequently, whose knowledge of hygiene will be less than that of the interest they are likely to display in dispensing patronage. The men that would be qualified to fill such positions could not afford to jeopardize their practices by accepting them, and the men who would scramble for these offices are not desirable. The political doctor is likely to know his politics better than his medicine."

It is not believed the United States needs any such cumbersome and complicated machinery in dealing with matters of sanitation and hygiene. Too many cooks spoil the broth. Medico-political boards have always been found meddlesome and arbitrary in their operations and never satisfactory to the people. Commissions are usually unsatisfactory. Better by far continue the methods now in vogue than to fly to any such plan as the one represented in this bill, and, with the old school societies of Chicago and Milwaukee, which have pronounced against it, we feel sure the profession of this country are not in favor of this cumbersome and expensive piece of medico-political machinery. It might not be a bad idea for every reader of this journal to say as much in a line to his representative in Congress. The bill should not be allowed to become a law.

Editor's Table.

Dr. A. De B. Scoby, Memphis, Tenn., died January 1st.

Dr. S. B. Parsons, St. Louis, has removed to 2809 Washington avenue.

Dr. W. W. Capps, late of Oakland, Cal., has recently located at Bowling Green, Ky.

Dr. Wilson A. Smith, editor of the *Medical Current*, is wintering in Biloxi, Miss.

Dr. Helen M. Heffron, Washington Heights, Ill., died on Thursday evening, February 1st.

Dr. Robt. C. Block, formerly with Dr. Wesley A. Dunn, Chicago, is to locate in Atlanta soon.

Dr. E. C. Reed, formerly of Pueblo, Col. has removed to Chicago and is located at 195 Powell Avenue.

Hahnemann Medical College, Chicago, will not hold its customary Post Graduate Course this spring.

Dr. J. G. Achenbach, Lebanon, Mo., formerly of Denison, Tex., recently lost a son aged 22, of consumption.

Dr. Clarence Bartlett, of the *Hahnemannian Monthly*, has recently been suffering from overwork, necesitating a recuperating vacation at Old Point Comfort.

The New York County Homeopathic Medical Society numbers 270 members.

Dr. J. F. Beaumont, Minneapolis, paid the CENTURY a pleasant call recently.

Dr. E. C. Sweet, 613 Monroe street, Chicago, was married to Miss Florence A. McGee, Tuesday, December 12th, 1893.

Dr. F. W. Tucker, of Lincoln, Neb., has been appointed county physician by the commissioners of Lancaster county.

Dr. G. H. Anderson, Seneca, Kansas, was recently elected coroner for his county by a majority of 300 over his Allopathic competitor.

Dr. C. N. Dorian, one of the best known Homeopathic physicians in the Northwest, died at his home in St. Paul on the 3d of this month.

Dr. Dean T. Smith, Jackson, Michigan, was married to Miss Ella A. Snook on Wednesday, January 17th. Congratulations are tendered.

The editor of this journal, Dr. Fisher, has been elected Professor of Operative and Clinical Surgery in Hering Medical College and Hospital.

Bilroth, the great surgeon of Vienna, died on the 5th of this month of heart disease. He was the greatest surgeon of the world for a quarter of a century.

The California State Society meets at San Jose, May 10, 1894, with Dr. E. C. Buell, Los Angeles, as president; Dr. C. B. Currier, San Francisco, first vice president; Dr. Willella Howe, Santa Anna, second vice president, and Dr. Eleanor F. Martin, San Francisco, as secretary.

The next meeting of the Indiana State Society will be held at Indianapolis, May 15, 1894, with the following officers: President, Dr. H. M. Waters, Terre Haute; vice president, Dr. W. T. Gott, Crawfordsville; secretary, Dr. W. B. Clarke, Indianapolis; treasurer, Dr. J. S. Martin, Muncie.

The Iowa State Society has the following officers: President, A. P. Hanchett, M.D., Council Bluffs; vice president, W. A. Hubbard, M.D., Cedar Rapids; D. W. Dickinson, M.D., Des Moines; treasurer, George Royal, M.D., Des Moines. They hold their next meeting at Cedar Rapids in May.

The next meeting of the International Hahnemannian Association will be held at Niagara Falls in June, at which the following officers will preside: President, E. Carleton, M.D., New York; vice president, H. P. Holmes, Omaha, Neb.; secretary, Howard Crutcher, Chicago; treasurer, F. Powell, M.D., Chester, Pa.

The Kentucky State Society officers are H. M. Marsh, M.D., Danville, president; Julia Washburn, M.D., Lexington, vice president; Allison Clokey, M.D., Louisville, secretary, and J. T. Bryan, M.D., Shelbyville, treasurer. Their next meeting will be l eld at Lexington on May 16th, 17th and 18th, 1894.

Dr. E. S. Bailey, for so many years registrar of Hahnemann Medical College, Chicago, has resigned the position and Dr. Jos. P. Cobb has been elected to succeed him. Dr. Cobb also becomes manager of the *Clinique*. Dr. Bailey needs rest, which he has justly earned, and has been South recently with a patient.

Dr. E. E. Reininger, of Hering Medical College, has been elected a member of the Staff of Cook County, and Dr. Chislett, of Hahnemann College, has been elected a member of the surgical staff. So that Chicago Homeopathic, Hahnemann Medical and Hering Medical are now represented in the Hospital.

Hering Medical College will give its first Post Graduate Course this spring, commencing April 9th and lasting three weeks. A special feature of this course will be a series of studies in the Organon and Homeopathic materia medica. Surgery, Gynecology and general medicine will also receive liberal attention.

"Wild Eyed Chicago Contemporary" is good, very good, Mr. *North American*—almost as good, in fact, as "Owl Eyed New York Fossil" would be were it as courteous as appropriate to apply it to a contemporary. But it isn't, and as the MEDICAL CENTURY desires to be at all times a nice journal we won't do it—this time, at any rate, But don't let it happen again!

The Kansas State Society will hold its next meeting at Seneca, beginning the first Wednesday in May, under the following officers: President, E. K. Thompson, M.D., McPherson; vice-president, G. H. Anderson, M.D., Seneca; secretary, C. F. Menninger, M.D., Topeka; corresponding secretary, Eva Harding, M.D., Topeka; treasurer, Peter Diederich, M.D., Kansas City.

At a recent meeting of the New York Homeopathic Medical Society, the following officers were elected: Dr. Martin Deschere, president; Dr. E. H. Porter, vice-president; Dr. H. Worthington Paige, secretary, and Dr. C. S. Macy, treasurer. The report of the secretary and treasurer showed a flourishing condition of things for the 37th year of the society's existence.

The Maine State Society will hold its next meeting at Augusta, beginning on the first Tuesday in June, with officers as follows: President, James C. Gannett, M.D., Yarmouth; vice-president, E. F. Vose, M.D., Portland; second vice president, W. S. Thompson, M.D., Halowell; R. H. Pulsifer, M.D., corresponding secretary; Solon Abbott, M.D., Biddeford, treas.

The Maryland State Society will hold its next meeting at Baltimore, May, 1894, with the following officers: President, R. W. Mifflin, M.D., Baltimore; vice president, E. C. Price, M.D., Baltimore; second vice president, J. W. Urie, M.D., Baltimore; secretary, W. A. D., Thomas, M.D., Baltimore; corresponding secretary, Henry Chandlee, M.D., Baltimore; treasurer, O. E. Jenney, M.D., Baltimore.

The deposed Homeopathic hospital staff in Brooklyn, with the hearty co-operation of about one-half of the physicians of that city, have decided to engage in a new hospital venture to be called the Kings County Homeopathic Hospital, Dispensary and Training School. The war seems to be on in earnest between the old and new staffs, and as competition is oftentimes the life of new enterprises it is to be hoped that nothing but good will come of this trouble.

A bill has been introduced into the Ohio legislature providing a punishment not to exceed $200 for all failures on the part of accoucheurs and midwives to report to the proper health officer of the city or county in which he or she is practicing the

occurrence of sore eyes in infants under two weeks old, the idea being to try to prevent the destruction of sight and ocular defects from ophthalmia neonatorum. Good measure if practicable. Bad measure because not practicable.

The Illinois State Society will meet at Quincy, May 15, 1894, officered as follows: President, A. K. Crawford, M.D., Chicago; first vice president, F. E. Downey, M.D., Clinton; second vice president, Lucy Waite, M.D., Chicago; secretary; W. A. Dunn, M.D., Chicago; prov. secretary, L. N. Grosvenor, M.D., Edgewater; treasurer, A. A. Whipple, M.D., Quincy. It will last over three days.

The Alabama State Society will meet in conjunction with the Tennessee State Society in Huntsville, Ala., in May, 1894, with officers as follows: President, P. F. Boyd, M.D., Sheffield; vice president, A. M. Duffield, M. D. Huntsville; recording secretary, J. M. Meadow, M.D., Anniston; corresponding secretary, Geo. G. Lyon, M.D., Mobile; treasurer, W. W. Clapp, M.D., Birmingham.

It is unfortunate for Homeopathy that the business management of journals like the *Medical Current* and *American Homeopathist* are found guilty of prostituting their reading pages to the nauseating advertising of the Amick Chemical Co. We feel quite certain that neither Dr. Kraft nor Dr. Smith would allow matter of this character to come into the reading pages, were they in full control of their respective journals.

The Colorado State Society will hold its next meeting in conjunction with the American Institute of Homeopathy which meets in Denver, June 14 to 22, 1894. The State Society officers are: W. Carey Allen, M.D., Colorado Springs, president; J. B. Kinley, M.D., Denver, first vice president; E. J. Freyermuth, M.D., Denver, second vice president; A. Cuvier Jones, M.D., secretary; H. B. Dunklee, M.D., Pueblo, treasurer.

Editor Paige, in the last number of our esteemed New York contemporary, makes a slight error when he states that that journal was "the first Homeopathic journal to establish" a department of practical therapeutic notes. The *California Homeopath*, with which our associate editor was connected for many years, started out in 1882 with this feature and continued it until that journal merged into its successor. Therapeutic notes first appeared in our New York contemporary in 1889 as a distinct department.

The executive committee of the American Institute of Homeopathy has selected as the dates for the Denver meeting the week beginning Thursday, June 14th, 1894. The session, under the new by-laws, will last eight days. Sunday will be given to the Memorial Meeting. Now that the exact dates are known let everybody get ready to go to Denver at that time. It is quite likely that a thirty-day ticket will be arranged for frolicing, after the meeting, in the Rocky Mountain resorts close at hand.

Dr. T. F. Allen, New York Homeopathic Medical College, is announced to conduct Seminaria for the discussion of Hahnemann's Organon and Therapeutics, on Wednesday evenings, beginning January 10th. This course will doubtless be taken advantage of, as it should be, by many practitioners in and around New York. Homeopathy needs a revival in the study of Homeopathy, pure and simple, as our forefathers knew and practiced it. There has been too much deviation from the straight and narrow way, both after the crudities of the old school and the shadow dancing of the visionists. Get down to "Homeopathy as is Homeopathy" once more.

The medical bill presented to the Ohio Legislature by the joint committee of the various schools of practice is not likely to pass in its original form. A bill has been introduced by a coterie of old school physicians giving them practical control of everything, and a war is on which will most likely result in the defeat of both measures, unless, perchance, the Allopaths who engaged in the conference which prepared the first bill shall stand true to their colors. If they are honest in their treatment of the Homeopathic and Eclectic professions the three combined will surely be able to carry the conference bill through.

The Misssouri Institute of Homeopathy will hold its next annual meeting in April in St. Louis, under the presidency of Dr. M. P. Cutler, of Kansas City, last year the efficient secretary of that body. The meetings of the Missouri Institute for some years past have been characterized by unusual activity and interest, and it is not at all unlikely that the St. Louis meeting will be one of the best it has ever held. A cordial welcome is always extended physicians of other states, and the Century is authorized to say that the Missouri people will be glad to see their friends from Chicago, Cincinnati, Louisville and other neighboring cities at the St. Louis convention.

The American Institute of Homeopathy will hold its next meeting at Denver, Col., June 14 to 22 inclusive, with the following corps of officers: Dr. J. H. McClelland, Pittsburg, president; Dr. C. E. Fisher, Chicago, first vice president; Dr. Millie J. Chapman, Pittsburgh, second vice president; Dr. Pemberton Dudley, Philadelphia, secretary; Dr. T. M. Strong, Boston, prov. secretary; Dr. E. M. Kellogg, New York, treasurer; Dr. T. Franklin Smith, New York, assistant treasurer. Drs. R. B. Rush, Salem, O., C. B. Kinyon, Rock Island, Ill., Julia Holmes Smith, Chicago, C. S. Hoag, Bridgeport, Conn., and A. C. Cowperthwaite, Chicago, will constitute the board of censors. Everybody should go.

A meeting of the State Board of Homeopathic medical examiners for Florida was held on the 28th of December at the office of Dr. P. E. Johnson, Jacksonville. Drs. Johnson snd Stout were the only ones present and but two candidates applied for examination, Dr. A. P. Williamson of De Land, and Dr. A. L. Cole, recently from Minnesota, being the only applicants. As might have been expected the examining board plan is seriously restricting Homeopathic immigration into Florida. Physicians of years' experience are not especially enamored of the idea of having to submit to examination at the hands of their colleagues, and the sooner the Florida law is repealed the better it will be for our interests in that state.

Some right funny somersaulting has been done in Cleveland in recent years, not among the least ludicrous being the last effort of the Homeopathic

Hospital College to justify its change of name on the idea that it is "progressive" to drop the word Homeopathy. Cleveland Medical College did this a few years ago and the old college could not denounce it in terms of sufficient sharpness; yet today we see it following in the same line and defending itself on the grounds that it is "more progressive not to use a distinctive title." Wonder if there is a Homeopathic college in Cleveland, anyway? It used to be a Homeopathic city, but now it seems to be a city of "progressive medicine." The college that progresses out of Homeopathy progresses backward every time.

The Brooklyn Homeopathic Hospital has been in trouble recently, brought about by alleged questionable intimacy between a member of its medical staff and the chief of the nurses department. The trustees have asked the resignation of the entire staff that reorganization might be accomplished without embarrassment, and entrusted the formation of a new staff to Dr. John L. Moffat. The deposed corps consisted of Drs. Bonnell, Atwood, R. C. Moffat, J. Lester Keep, Miner, Chapin, Butler, Smith, Blackman, Valentine, Talmage, Willis, Lewis and Searle. The new staff is composed of Drs. John L. Moffat, Johnston, Pierson, Ritch, Burnham, Latimer, Rink and Simmons. It is said that Dr. Rink has declined to serve. It is also said that the deposed corps will soon organize a new Homeopathic hospital.

The Illinois State Board of Health, at its meeting the last day of January, decided to relieve the medical colleges of the embarrassment, annoyance and onerousness of determining the fitness for students who wish to study medicine by prescribing the examination for all applicants for admission to medical colleges. There will be an examination in the elementary branches and a certificate from a literary college, a scientific college or a high school will be required, or the applicant must have a second grade certificate, at least. Pretty soon the grace of the state boards will allow college professors to teach their classes just a few thoughts of their own, gleaned from experience at the bedside and evolved in the brains of original and thinking men. It is very difficult, we presume, for organized boards to understand always just where their functions begin and where they end, but at the rate some of them are going there is likely to be open rebellion on the part of an over regulated profession ere long.

The editor of the CENTURY craves the indulgence of his many friends who have contributions waiting for insertion in the pages of this journal. There have poured in on us from every quarter of the globe such an abundance of most acceptable matter that it takes no little ingenuity to properly place the contents of each number so as to give variety and interest to the journal. There are about enough original contributions in hand at this moment for four more numbers. What is especially desired just now is more of these practical little helps that are most valuable to the general practitioner and most acceptable in any journal. Give us freely of the clinical items and materia medica pointers and suggestions. As fast as possible all contributions in hand at this moment will be given place, and we hope our good friends will be just a little forbearing if there seems to be an unnecessary delay in some instances. The policy of the journal has to be observed, and this makes it impossible to give too many theoretical or speculative papers in quick succession.

A new Homeopathic society has recently been formed in New York with the object of furthering the interests of better Homeopathic methods. There were present at Dr. Dillingham's, where the meeting was held, Dr. Alice B. Campbell, Brooklyn; Dr. Griffin, Middletown, Conn.; Dr. George B. Clark, Philadelphia, formerly editor of the *Homeopathic Physician;* Dr. George W. Winterburn, Dr. C. W. Butler, Montclair, N. J.; Drs. B. L. B. Bayleis, E. Carleton, Finch, B. F. Clark, Long, Pearsall, Allen and W. A. Dewey, associate editor of the MEDICAL CENTURY. The society organized by electing Dr. E. Carleton as president and Dr. W. A. Dewey, secretary. A committee was formed for the purpose of carrying out Dr. Dillingham's suggestions for work. A delightful dinner was spread and a jolly good time resulted. The new society will be heard from.

The following extract from Judge David McAdam, of the New York Superior Court, shows that the law recognizes Allopathy as such. The address was delivered before the Society of Medical jurisprudence at the Academy of Medicine:

"The law does not favor any particular schoo of medicine, and the treatment of a physician is to be tested by the principles of that school to which he belongs.

"Homeopathy and Allopathy now stand on the same footing before the law.

"To constitute a school of medicine under this rule, it must have established rules of practice for the guidance of all its members as respects principles, diagnoses and remedies, which each member is supposed to observe in any given case. If the practitioner proceeds without such a system of fixed principles or formulated rules he does not belong to "a school of medicine," and he is held to the duty of treating his patient with the ordinary skill and knowledge of physicians in good standing who practice in his vicinity."

In commenting adversely on the now very remote possibility of a new journalistic venture in Texas, the *Hahnemannian Monthly* for February gives utterance to the following language: "The *Southern Journal of Homeopathy* under the care of Drs. Price and Chandlee so ably fills the requirements of a southern journal that a new journalistic venture in Texas seems absurd. Dr. Fisher, with all his enthusiasm and pluck, even combining with New Orleans, was not able to keep his journal afloat." In which the *Hahnemannian* is very much mistaken. True, the editor of the CENTURY did not keep the *Southern Journal of Homeopathy* afloat for a full thousand years, but that journal was established in August, 1883, and continued under the editorship of Dr. Fisher, with the exception of nearly a year when he was absent from the South, up to September, 1892, about nine years To the ordinary mortal it would seem, therefore, that "with all his enthusiasm and pluck" the editor of this journal sufficiently firmly established the *Southern Journal* to be deserving of reasonable credit therefor, and the statement that he was not able to keep it afloat is altogether a mistake. He kept it fully as much alive from the time it was

started until his removal from his southern home was decided upon as it appears to be now, of which the *Hahnemannian* will please take due notice and govern itself accordingly.

Drs. C. S. Middleton, Philadelphia; Hugh Pitcairn, Harrisburg; Isaac B. Smedley, Philadelphia; Edward Cranch, Erie; C. A. Bingamen, Pittsburgh; Augustus Korndoerfer, Philadelphia, and J. F. Cooper, Allegheny, have been appointed members of the Homeopathic Examining Board of the State of Pennsylvania. The act creating this board also established a medical council consisting of the Lieutenant Governor, Attorney General, Secretary of Internal Affairs, Superintendent of Public Instruction, President of the State Health Board, and Presidents of the three Boards of Examiners. The members of the council receive no salary except the secretary and treasurer, who will receive not above $500. This council will meet twice a year and supervise the examinations of the examining boards. It is not stated in the law who will supervise the supervision made by the supervisors composing the council. Why not follow the ridiculous idea to its logical conclusion. If the profession cannot trust its college faculties and cannot trust its examining boards it surely cannot trust an 'alf-and-'alf medical council. The first meeting of the board will be held at Harrisburg on the first Tuesday in April.

The Ottawa Illinois Medical Association in passing a resolution proscribing consultation with Homeopathists has brought upon itself the ridicule and censure of the bar, press and pulpit of that city. Drs. Bascom and Downs, the Homeopaths of Ottawa, are being greatly benefited by the absurd war which certain of the old school people have made upon them. Several of the Allopaths of that city recognize this fact and are by no means a unit in the spirit of the resolution. One of their members who voted against the resolution in a newspaper interview says that while the old school may reject the doctrines of Homeopathy they can not shut their eyes to the fact that Homeopathists as men have equal rights under the law. From this interview we quote as follows: "We must accord to some, indeed to many, of these men pure morals, social recognition, and good results in practice. We refuse to recognize them because we think they are following a delusion. Granted; is not the world full of delusions? The regular profession abounds in deluded men, why not reject them for the same reason? Homeopathists are not asking for any change in our ethical relations toward them (correct—ED.); they are well satisfied as our attitude toward them has produced golden results and so long as we continue our present methods, so long will they continue to flourish." From all of which it would seem that some of the old school of Ottawa are liberal-minded men with their eyes wide open to the fact that the people are growing tired of this nonsensical proscription of members of the younger schools of medicine who have faith for the reason that is in them and choose to practice according to their law. The Homeopathist who sticks by his colors has nothing to fear from such contemptuous action as that under consideration.

Despite the averseness of the Senate of Seniors of the American Institute of Homeopathy to deal with questions relating to violation of the Institute's code of ethics, etc., it is not unlikely that that council will have occasion to inquire into the conduct of more than one member when the Denver convention is held. A member living in Chicago has been guilty of the grossest violation of the spirit of the American Institute, at any rate, by making himself a subject of extensive newspaper interviews recently, in which he poses not only as the author of a concordance repertory but appropriates unto himself the discovery of the sympathetic nerve, especially its "rectal branch," the Pratt hysterectomy and most other recent discoveries of medical and surgical science. A northwestern advertising sanitarium will also be complained of, we understand, and perhaps just a few individual cases not quite so prominent will also be brought before it. The seniors should bring their guns.

The American Text Book of Gynecology, a companion volume to the American Text Book of Medicine, the American Text Book of Surgery and the American Text Book of Diseases of Children now in press, has just been issued by W. B. Saunders, Philadelphia, and is a magnificent production. It is edited by a corps of most prominent gynecologists, as Byford, Kelly, Baldy, Ethridge, Goodell and others, and represents the gynecology of this country as practiced to-day. The volume is handsomely printed and profusely illustrated, some of the illustrations, however, being unnecessarily bold, almost repulsively so, and some of them being of a kind calculated to entertain the tyro in gynecology rather than to instruct the advanced student or practicing gynecologist. It is a pity that pictures of nude women in all the gynecological positions have been allowed to somewhat mar the book, and it is also to be regretted that hand-washing and other primary illustrations should have been allowed to find their way into such a magnificent and comprehensive volume. But, with these exceptions, the work is one of art, both in text and illustrative features. The publisher has spared nothing to make it acceptable from his standpoint, and the list of authors given above speaks a story of value for the work as a text book. The chapters on Malignant Diseases of the Female Genetalia, Uterine Neoplasms and Ectopic Gestation are in themselves far ahead of anything on the subject heretofore presented to the profession, the illustrations accompanying being of a character to forcefully elucidate the text and make plain every step in the operative work connected therewith. The chapter on Pelvic Inflammation is also unusually meritorious, dealing with the subject from the surgical standpoint and making its pathology and treatment easily understood. Altogether the work is one deserving of the highest commendation. It is sold only by subscription, the price being, cloth $6, sheep $7 and half Russia $8. No gynecologist can well afford to be without it.

The attention of the reader is called to the read able things which he ought to read on the Publisher's pages in the advertising forms. These pages were compiled to be read. Read 'em.

A GALAXY OF HOMEOPATHY'S SURGEONS.

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